

**IN THE UNITED STATES BANKRUPTCY COURT
FOR THE DISTRICT OF DELAWARE**

In re:

YOUFIT HEALTH CLUBS, LLC, *et al.*,¹

Debtors.

Chapter 11

Case No. 20-12841 (MFW)

(Jointly Administered)

**GLOBAL NOTES, RESERVATIONS OF RIGHTS, AND STATEMENTS
OF LIMITATIONS, METHODOLOGY, AND DISCLAIMERS REGARDING
THE DEBTORS' SCHEDULES OF ASSETS AND LIABILITIES AND
STATEMENTS OF FINANCIAL AFFAIRS**

The above-captioned debtors and debtors in possession (collectively, the “**Debtors**”) are filing their respective Schedules of Assets and Liabilities (the “**Schedules**”) and Statements of Financial Affairs (the “**Statements**” and together with the Schedules, the “**Schedules and Statements**”) in the United States Bankruptcy Court for the District of Delaware (the “**Bankruptcy Court**”) pursuant to section 521 of title 11 of the United States Code, 11 U.S.C. §§ 101 *et seq.* (the “**Bankruptcy Code**”) and Rule 1007 of the Federal Rules of Bankruptcy Procedure (the “**Bankruptcy Rules**”).

Brian Gleason has signed each set of the Schedules and Statements. Mr. Gleason serves as the Chief Restructuring Officer for each of the Debtors and is an authorized signatory for each of the Debtors with respect to the Schedules and Statements. In reviewing and signing the Schedules and Statements, Mr. Gleason has necessarily relied upon the efforts, statements, and representations of various personnel of the Debtors and the Debtors’ legal and financial advisors. Given the scale of the Debtors’ business and the complexity of the Debtors’ records, Mr. Gleason has not (and could not have) personally verified the accuracy of each statement and representation contained in the Schedules and Statements, including, without limitation, statements and representations concerning amounts owed to creditors, the classification of such amounts, and creditor addresses.

The Debtors’ management team prepared the Schedules and Statements with the assistance of the Debtors’ financial and legal advisors and other professionals. The Schedules and Statements are unaudited and subject to potential amendment or supplementation. In preparing the Schedules and Statements, the Debtors relied on financial data derived from the Debtors’ books and records that was available at the time of preparation. The Debtors have made every reasonable effort to ensure that the Schedules and Statements are as accurate and complete as possible under the

¹ The last four digits of YouFit Health Clubs, LLC’s tax identification number are 6607. Due to the large number of debtor entities in these chapter 11 cases, a complete list of the debtor entities and the last four digits of their federal tax identification numbers is not provided herein. A complete list of such information may be obtained on the website of the claims and noticing agent at www.donlinrecano.com/yfhc. The mailing address for the debtor entities for purposes of these chapter 11 cases is: 1350 E. Newport Center Dr., Suite 110, Deerfield Beach, FL 33442.

circumstances and based upon such information as was available at the time of preparation. Inadvertent errors or omissions may exist, and subsequent receipt or discovery of information or further review and analysis of the Debtors' books and records or other information may result in changes or updates to information contained in the Schedules and Statements. The Debtors reserve the right to update, amend, or supplement the Schedules and Statements from time to time, in all respects, as may be necessary or appropriate. The Debtors, on behalf of themselves, their officers, employees, advisors, and other agents, disclaim any liability to any third party arising out of or related to the information contained in the Schedules and Statements and otherwise reserve all rights with respect to the Schedules and Statements.

Global Notes and Overview of Methodology

1. **Description of Cases.** On November 9, 2020 (the "**Petition Date**"), each of the Debtors filed voluntary petitions for relief under chapter 11 of the Bankruptcy Code. The Debtors are operating their businesses and managing their property as debtors in possession pursuant to sections 1107(a) and 1108 of the Bankruptcy Code. On November 10, 2020, the Court entered the *Order Authorizing and Directing the Joint Administration of the Debtors' Chapter 11 Cases for Procedural Purposes Only* [Docket No. 37]. Notwithstanding the joint administration of the Debtors' cases for procedural purposes, each Debtor has filed its own set of Schedules and Statements. On November 18, 2020, the United States Trustee for the District of Delaware appointed an official committee of unsecured creditors pursuant to section 1102 of the Bankruptcy Code.

2. **Global Notes Control.** These *Global Notes, Reservations of Rights, and Statements of Limitations, Methodology, and Disclaimers Regarding the Debtors' Schedules of Assets and Liabilities and Statements of Financial Affairs* (the "**Global Notes**") pertain to, are incorporated by reference in, and comprise an integral part of all of the Schedules and Statements. The Global Notes should be referred to and referenced in connection with any review of the Schedules and Statements. In the event that the Schedules and Statements conflict with these Global Notes, these Global Notes shall control.

The fact that the Debtors have prepared a Global Note with respect to a particular Schedule or Statement, or a particular part or item therein, and not as to others, does not reflect and should not be interpreted as a decision by the Debtors to exclude the applicability of such Global Note to any or all of the remaining Schedules or Statements, or other parts or items therein, as appropriate. Disclosure of information in one Schedule, one Statement, or an exhibit or attachment thereto, even if incorrectly placed, shall be deemed to be disclosed in the correct Schedule, Statement, exhibit, or attachment, as the case may be.

3. **Basis of Presentation.** The Schedules and Statements are unaudited and do not purport to be financial statements prepared in accordance with generally accepted accounting principles in the United States of America ("**GAAP**"), nor were they reconciled with the Debtors' financial statements. These Schedules and Statements represent a good faith attempt to comply with the requirements of the Bankruptcy Code and Bankruptcy Rules using commercially reasonable efforts and resources available and are subject to further review and potential adjustment.

The Debtors used reasonable efforts to attribute the assets and liabilities, certain required financial information, and various cash disbursements to each particular Debtor entity. Because the Debtors' accounting systems, policies, and practices were developed for consolidated reporting purposes rather than for reporting by legal entity, it is possible that not all assets and liabilities have been recorded with the correct legal entity on the Schedules and Statements. Accordingly, the Debtors reserve all rights to supplement and amend the Schedules and Statements in this regard, including with respect to reallocation of assets or liabilities to any particular entity.

4. **Reporting Date.** Unless otherwise noted herein or in the Schedules and Statements, all asset values (other than for cash holdings and deposits) contained in the Schedules and Statements and herein are as of October 31, 2020. Values of cash holdings and deposits are as of the Petition Date. In addition, the values of most prepayments are as of October 31, 2020, but the values for professional retainers are as of the Petition Date. Furthermore, the values of the Debtors' liabilities are as of the Petition Date; however, certain liability values have been adjusted for authorized payments made under the First Day Orders (as defined below).

5. **Reservation of Rights.** The Debtors and their advisors who assisted in the preparation of the Schedules and Statements do not guarantee or warrant the accuracy or completeness of the data that is provided herein and shall not be liable for any loss or injury arising out of or caused in whole or in part by errors or omissions, negligent or otherwise, in preparing, collecting, reporting, or communicating the information contained herein. The Debtors and their advisors do not have an obligation to update, modify, revise, or re-categorize the information provided herein, or to notify any third party upon such revisions. In no event shall the Debtors or their advisors be liable to any third party for any direct, indirect, incidental, consequential, or other damages (including, but not limited to, damages arising from the disallowance of a potential claim against a Debtor or damages to business reputation, lost business or lost profits), whether foreseeable or not and however caused, even if the Debtors or their advisors are advised of the possibility of such damages. The Debtors reserve all rights to amend and/or supplement the Schedules and Statements from time to time as is necessary and appropriate.

The failure to designate a claim in the Schedules and Statements as "contingent," "unliquidated," or "disputed" does not constitute an admission by the Debtors that such claim or amount is not "contingent," "unliquidated," or "disputed." The Debtors reserve their rights to dispute, or to assert offsets or defenses to, any claim reflected on the Schedules or Statements on any grounds, including, but not limited to, amount, liability, priority, status, or classification, or to otherwise subsequently designate any claim as "contingent," "unliquidated," or "disputed." The Debtors reserve all of their rights to amend the Schedules and Statements as necessary and appropriate, including, but not limited to, with respect to claim description and designation.

The Debtors have made commercially reasonable efforts to correctly characterize, classify, categorize or designate certain claims, assets, executory contracts, among other items reported in the Schedules and Statements. Nevertheless, the Debtors may have improperly characterized, classified, categorized, or designated certain items. The listing of a claim on Schedule D as "secured," on Schedule E/F (Part 1) as "priority," on Schedule E/F (Part 2) as "nonpriority" or the listing of a contract or lease on Schedule G as "executory" or "unexpired" does not constitute an admission by the Debtors as to the legal rights of the claimant or a waiver of the Debtors' rights to re-characterize or re-classify such claim or contract pursuant to an amendment to the Schedules, a

claim objection, or otherwise. The Debtors thus reserve all of their rights to recharacterize, reclassify, recategorize, or re-designate items reported in the Schedules and Statements at a later time as necessary or appropriate as additional information becomes available.

The Debtors' accounting system was designed and maintained to manage the consolidated treasury and cash management systems of the Debtors, as well as report the Debtors' financial results on a consolidated basis. Additionally, the Debtors' accounting and finance staff were trained to follow procedures consistent with these primary objectives. Accordingly, neither the Debtors nor their advisors can ensure that transactions recorded in the Debtors' books and records with respect to one Debtor do not inadvertently reflect activity of another Debtor.

Any specific reservation of rights contained elsewhere in the Global Notes does not limit in any respect the foregoing general reservation of rights.

6. **Valuation.** It would be prohibitively expensive, unduly burdensome, and an inefficient use of estate assets for the Debtors to obtain current market valuations of all of their assets. Accordingly, unless otherwise indicated, the Schedules and Statements reflect net book values as of October 31, 2020. Cash is reported based on the balances of the Debtors' bank accounts as of the Petition Date. Amounts ultimately realized may vary from net book value (or whatever value was ascribed) and such variance may be material. Accordingly, the Debtors reserve all of their rights to amend or adjust the value of each asset set forth herein. In addition, the amounts shown for total liabilities exclude items identified as "unknown" or "undetermined" and, thus, ultimate liabilities may differ materially from those stated in the Schedules and Statements. In some instances, the Debtors have used estimates where actual data was not available. The Debtors have not hired a third party to value their assets for purposes of completing the Schedules and Statements.

7. **Currency.** All amounts shown in the Schedules and Statements are in U.S. Dollars.

8. **Quantification of Claims.** Amounts that were not readily quantifiable by the Debtors are reported as "undetermined," "unknown," or "N/A" and any such designation is not intended to reflect the magnitude or materiality of any claim.

9. **Claims Paid Pursuant to Court Orders.** Pursuant to several motions filed on the Petition Date (the "**First Day Motions**"), the Debtors sought authority to pay certain outstanding prepetition payables pursuant to court order. The Bankruptcy Court entered certain orders authorizing the Debtors to pay certain of the outstanding prepetition payables it sought to pay under the First Day Motions (the "**First Day Orders**"). Consequently, certain prepetition fixed, liquidated, and undisputed unsecured claims, including, but not limited to, certain claims for employee wages that had accrued in the 180 days prior to the Petition Date, have been paid following the Petition Date. Where and to the extent these claims have been satisfied or are anticipated to be satisfied, they may not be listed in the Schedules and Statements. To the extent the Debtors later pay any amount of the claims listed in the Schedules and Statements pursuant to any orders entered by the Bankruptcy Court, the Debtors reserve all rights to amend or supplement the Schedules and Statements as is necessary or appropriate.

10. **Prepetition and Postpetition Liabilities.** The Debtors have sought to allocate liabilities between the prepetition and postpetition periods based on the information and research conducted in connection with the preparation of the Schedules and Statements. As additional information becomes available and further research is conducted, the allocation of liabilities between the prepetition and postpetition periods may change. Accordingly, the Debtors reserve all of their rights to amend, supplement, or otherwise modify the Schedules and Statements as is necessary or appropriate.

11. **Agreements with Members.** The Debtor counterparty on all agreements with the Debtors' members and other customers, including membership agreements and other agreements for recurring services, such as personal training services, is YouFit Health Clubs, LLC. All such agreements are property of YouFit Health Clubs, LLC and the payment obligations arising thereunder, which are primarily, but not exclusively, for monthly membership fees, are owed to YouFit Health Clubs, LLC. The payments received from members and other customers under such agreements, the cash proceeds of other transactions with members or other customers, including, without limitation, point-of-service cash sales at the Debtors' clubs of saleable inventory owned by YouFit Health Clubs, LLC, and all other such revenues and proceeds are property of YouFit Health Clubs, LLC.

12. **Club-Level Entities.** The Debtors operate their clubs at leased locations and do not own any real property except for leasehold interests held by those of the Debtors that are the lessees under such leases. Generally, each of the Debtors' clubs has a corresponding legal entity that serves as the lessee under the lease pertaining to the location of the club. While such club-level Debtor entities are liable for rents and other obligations under the leases, the funds actually used by the Debtors to satisfy such obligations, along with any other monetary obligations incurred at the club level, are supplied by YouFit Health Clubs, LLC. The club-level Debtor entities store and use certain business equipment, all of which is owned by YouFit Health Clubs, LLC, at the Debtors' clubs pursuant to intercompany equipment licensing agreements, and use the YouFit mark and other intellectual property, held by YouFit, LLC, pursuant to intercompany licensing agreements.

13. **Intercompany Transactions.** As is more fully set forth in the *Motion of the Debtors for Entry of Interim and Final Orders (A) Authorizing the Maintenance of Bank Accounts and Continued Use of Existing Business Forms and Checks, (B) Authorizing the Continued Use of Cash Management System, (C) Waiving Certain Investment and Deposit Guidelines, and (D) Granting Administrative Expense Status to Postpetition Intercompany Claims* [Docket No. 15] (the "**Cash Management Motion**"), in the ordinary course of business, the Debtors maintain business relationships among each other that give rise to certain intercompany transactions, including, for example, cash sweeps and intercompany loans that occur as part of the daily operation of the Debtors' cash management system, as well as payments on account of the obligations of YouFit Health Clubs, LLC to the club-level Debtor entities for rents and other such club-level obligations. Due to historical accounting practices whereby the Debtors, for accounting, reporting, and monitoring purposes only, accounted for revenues at the club level, the Debtors have been unable to ascertain the precise amount of intercompany receivables and payables as of the Petition Date. The listing of any intercompany payables and receivables, even with undetermined amounts, on Schedules A/B or Schedules E/F, as the case may be, is not and should not be construed as an admission of the characterization of any balances between or among the

Debtors as debt, equity, or otherwise. For the avoidance of doubt, the Debtors reserve all rights, claims, and defenses in connection with any and all intercompany receivables and payables, including with respect to the amounts and characterization of any intercompany claims.

14. **Setoffs.** The claims of individual creditors for, among other things, goods, products, services or taxes are listed as the amounts entered on the Debtors' books and records and may not reflect credits, allowances or other adjustments due from such creditors to the Debtors. The Debtors reserve all of their rights regarding such credits, allowances, or other adjustments.

15. **Property and Equipment.** Nothing in the Schedules or Statements, including, without limitation, the failure to list leased property or equipment as owned property or equipment or vice-versa, constitutes, or shall be construed as, an admission as to the determination of legal status of any lease, including whether any lease is a true lease or financing arrangement, and the Debtors reserve all their rights with respect to such issues.

16. **Exclusions.** The Debtors believe that they have identified, but did not necessarily value, all material categories of assets and liabilities in the Schedules and Statements. The Debtors have excluded certain categories of assets, tax accruals, and liabilities from the Schedules and Statements, including employee benefit accruals, accrued accounts payable, and deferred gains. The Debtors also have excluded potential rejection damage claims of counterparties to executory contracts and unexpired leases that may be rejected, to the extent such damage claims may exist. In addition, certain immaterial assets and liabilities may have been excluded.

17. **Causes of Action.** The Debtors, despite their reasonable efforts, may not have listed all of their causes of action or potential causes of action against third parties as assets in the Schedules and Statements, including, without limitation, causes of action arising under the provisions of chapter 5 of the Bankruptcy Code and any other relevant nonbankruptcy laws to recover assets or avoid transfers. The Debtors reserve all of their rights with respect to any causes of action they may have, whether arising before, on, or after the Petition Date, in contract or in tort, at law or in equity, or pursuant to any other theory of law, and neither these Global Notes nor the Schedules and Statements shall be deemed a waiver of any such causes of action.

18. **Insiders.** For purposes of the Schedules and Statements, the Debtors defined "insiders" in accordance with the provisions of section 101(31) of the Bankruptcy Code. Persons listed as "insiders" have been included for informational purposes only, however, and the designation of such persons as "insiders" on the Schedules and Statements does not constitute, and should not be construed as, an admission that such persons constitute insiders within the meaning of section 101(31) of the Bankruptcy Code. Moreover, these Global Notes and the Schedules and Statements do not take any position with respect to: (a) any person's influence over the control of the Debtors; (b) the management responsibilities or functions of any such person; (c) the decision making or corporate authority of any such person; or (d) whether the Debtors or any person who may have had control over the Debtors could successfully argue that such person is not an "insider" under applicable law or with respect to any theories of liability or for any other purpose.

19. **Litigation.** Certain litigation reflected as claims against one of the Debtors may relate to any of the other Debtors. The Debtors have made reasonable efforts to accurately record such claims in the Schedules and Statements of the Debtors against whom such claims lie.

20. **Guarantees and Other Secondary Liability Claims.** The Debtors have exercised reasonable efforts to locate and identify guarantors, co-obligors, or other secondarily-liable parties under executory contracts, unexpired leases, secured financing agreements, and other such arrangements or agreements. Where such guarantors or co-obligors have been identified, the Debtors have included them in the relevant Schedules D, E/F, G and/or H for the applicable Debtor. The Debtors may have inadvertently omitted certain guarantees or other secondary liability embedded in their contractual agreements.

21. **Totals.** All totals that are included in the Schedules and Statements represent totals of known amounts only and do not include any undetermined amounts. To the extent there are unknown or otherwise undetermined amounts, the actual total may be materially different than the listed total. Due to unliquidated, contingent and/or disputed claims, summary statistics in the Schedules and Statements may significantly understate the Debtors' liabilities.

22. **Intellectual Property Rights.** The exclusion of any intellectual property shall not be construed as an admission that such intellectual property rights have been abandoned, terminated, assigned, expired by their terms, or otherwise transferred pursuant to a sale, acquisition, or other transaction.

23. **Confidentiality.** There may be instances in the Schedules and Statements where the Debtors deemed it necessary and appropriate to omit from the public record information such as individuals' names and addresses. Typically, the Debtors have used this approach because of an agreement between the Debtors and a third party, concerns of confidentiality and protection of sensitive commercial information, and concerns for the privacy of individuals. In particular, addresses of members and other customers of the Debtors are generally not included in the Schedules and Statements.

24. **Accuracy.** The financial information disclosed herein was not prepared in accordance with GAAP, federal or state securities laws, or other applicable nonbankruptcy law or in lieu of complying with any periodic reporting requirements thereunder. Persons and entities trading in or otherwise purchasing, selling, or transferring the claims against the Debtors should evaluate this financial information in light of the purposes for which it was prepared. The Debtors are not liable for and undertake no responsibility to indicate variations from securities laws.

Specific Notes to the Schedules of Assets and Liabilities

Classifications of Claims

Listing a claim on Schedule D as "secured," or on Schedule E/F as "priority" or "nonpriority," or a contract or lease on Schedule G as "executory" or "unexpired," does not, in each case, constitute an admission by the Debtors of the legal rights of the claimant or the legal status of such claim or contract, or a waiver of the Debtors' right to recharacterize or reclassify such claim or contract.

Summary of Assets and Liabilities

For financial reporting purposes, the Debtors ordinarily prepare consolidated financial statements in accordance with GAAP. The Schedules reflect the assets and liabilities of each

Debtor on a nonconsolidated basis, except where otherwise indicated. Accordingly, the totals listed in the Schedules will likely differ, at times materially, from the consolidated financial reports prepared by the Debtors for financial reporting purposes or otherwise, which may reflect consolidation, elimination and step-up in basis adjustments to the financial statements.

Schedule A/B

As noted above, despite commercially reasonable efforts to identify all known assets, the Debtors may not have listed all of its causes of action or potential causes of action against third parties as assets in the Schedules and Statements, including, but not limited to, causes of action arising under the Bankruptcy Code or any other applicable laws to recover assets or avoid transfers.

Part 1, Item 3

As is more fully set forth in the Cash Management Motion, the Debtors maintain approximately thirteen (13) bank accounts and utilize a cash management system in the ordinary course of business to efficiently collect, concentrate, and disburse funds generated by their operations. The account holder for six (6) of the Debtors' bank accounts is YouFit Health Clubs, LLC, while other Debtor entities are the account holders for the remaining seven (7) bank accounts. The Debtors have listed each bank account on the Schedules of the Debtor who is the named account holder on such bank account. However, for the reasons set forth in Global Notes 11 and 12 above and the Specific Note on Schedule A/B, Part 5, Item 21 below, all cash deposited and/or held in the bank accounts, regardless of the name on the account, is property of YouFit Health Clubs, LLC.

Part 2, Items 7 & 8

The Debtors' characterization of an asset listed in Part 2, Items 7 and 8 is not a legal characterization of either a deposit or a prepayment. The Debtors reserve their rights to re-categorize or recharacterize such assets at a later time as appropriate. All prepayments are as of October 31, 2020, except for professional retainer payments which are as of the Petition Date.

Part 5, Item 21

YouFit Health Clubs, LLC owns certain finished goods inventory, including, without limitation, certain branded and other promotional items, such as t-shirts, towels, water bottles, and other similar products, which inventory is stored and sold at the Debtors' clubs in the ordinary course of business. All such inventory has been scheduled on Schedule A/B for YouFit Health Clubs, LLC, regardless of the location where such inventory was located as of the Petition Date.

Part 5, Items 39 to 40, 50

YouFit Health Clubs, LLC owns certain business equipment, including gym equipment and office equipment, as well as all fixtures, including certain gym equipment, which is stored and used at the Debtors' clubs in the ordinary course of business pursuant to intercompany licensing agreements. All such equipment and fixtures have been scheduled on Schedule A/B for YouFit Health Clubs, LLC, regardless of the locations where such equipment and fixtures were being stored and used as of the Petition Date.

Part 9, Item 55

The Debtors account for leasehold improvements at the club-level as the club-level Debtor entities are the lessees under the leases for the locations where the Debtors operate their clubs. Leasehold improvements have therefore been scheduled on Schedules A/B for the various club-level entities.

Schedule E/F**Priority/Nonpriority Status**

The listing of any claim on Schedule E/F does not constitute an admission by the Debtors that such claim is entitled to priority treatment under section 507 of the Bankruptcy Code or that the amount of the claim is accurate. The Debtors reserve their right to dispute the priority status of any claim on any basis.

Potential Customer Claims

As of the Petition Date, the Debtors had more than 340,000 current members and over 100,000 former members (i.e., those who cancelled their memberships within one year of the Petition Date) (collectively, the “**Customers**”). To schedule such potential liabilities on an individual basis, to the extent possible, would not only be speculative, cost prohibitive, and unduly burdensome, but would also likely cause the Schedules to be dauntingly voluminous. Therefore, while the Debtors cannot reasonably estimate the value of Customer claims, the Debtors have made a good-faith effort to list an aggregate Customer liability based solely on the Debtors’ books and records. Due to the COVID-19 pandemic and related gym closures, the Debtors have and may continue to receive membership cancellation and refund requests. As the Debtors cannot know or estimate how many additional membership cancellation and refund requests may be made, the estimate of Customer claims as of the Petition Date may not reflect actual Customer liabilities. Consequently, the estimated aggregate Customer liability included in the Schedules is highly speculative and the facts surrounding any Customer claims will expectantly be Customer-specific. Furthermore, amounts included in the estimated claim amount include amounts that may be satisfied in the ordinary course of business. Accordingly, the Debtors believe the estimate Customer claims amount likely overstates any actual claims, which amounts cannot be determined with reasonable certainty at this time.

Claims of Counterparties to Executory Contracts and Unexpired Leases

Schedule E/F reflects the prepetition amounts owing as of the Petition Date to counterparties to executory contracts and unexpired leases. Such prepetition amounts, however, may be paid in connection with the assumption, or assumption and assignment, of executory contracts or unexpired leases. Additionally, Schedule E/F does not include potential rejection damage claims, if any, of the counterparties to executory contracts and unexpired leases that may be rejected.

Part 1, Item 2

In the ordinary course of business, the Debtors incur certain personal property and sales tax obligations in the various jurisdictions in which the Debtors operate. Such personal property tax obligations are assessed based on the equipment and other personal property stored at the locations of the Debtors' clubs. Sales tax obligations are based on taxable revenue earned by YouFit Health Clubs, LLC. As set forth above in Global Notes 11 and 12 and the Specific Note on Schedule A/B, Part 5, Item 21, YouFit Health Clubs, LLC owns all the equipment and other personal property and all revenues generated by sales or otherwise; accordingly, all personal property and sales tax obligations have been scheduled on Schedule E/F for YouFit Health Clubs, LLC, regardless of which of the Debtors' names may appear on the tax bills or statements.

Schedule G

Although commercially reasonable efforts have been made to ensure the accuracy of Schedule G regarding executory contracts and unexpired leases, inadvertent errors, omissions or overinclusion may have occurred in preparing Schedule G. Omission of a contract, lease or other agreement from Schedule G does not constitute an admission that such omitted contract, lease or agreement is not an executory contract or unexpired lease. The Debtors hereby reserve all of their rights to (i) dispute the validity, status, or enforceability of any contract, agreement or lease set forth in Schedule G and (ii) amend or supplement such Schedule as necessary. Furthermore, the Debtors reserve all of their rights, claims, and causes of action with respect to the contracts and agreements listed on the Schedules, including the right to dispute or challenge the characterization or the structure of any transaction, document, or instrument. The presence of a contract or agreement on Schedule G does not constitute an admission that such contract or agreement is an executory contract or unexpired lease. The contracts, agreements and leases listed on Schedule G may have expired or may have been modified, amended, or supplemented from time to time by various amendments, restatements, waivers, estoppel certificates, letters, or other documents, instruments, or agreements that may not be listed therein. Certain of the real property leases listed on Schedule G may contain renewal options, guarantees of payments, options to purchase, rights of first refusal, rights to lease additional space, early termination rights, and other miscellaneous rights. Such rights, powers, duties, and obligations are not set forth on Schedule G.

For unexpired leases, the amounts listed do not reflect the total liability amount that would be required to be recorded under ASC 842, which would require the total of all past and future lease payments to be reflected on the books and records. Only past due lease payments have been listed in the Schedules.

Any and all rights, claims, and causes of action of the Debtors with respect to the agreements listed on Schedule G are hereby reserved and preserved.

Specific Notes to the Statements of Financial Affairs**Part 1, Item 1**

As set forth above in Global Notes 11 and 12 and the Specific Note on Schedule A/B, Part 5, Item 21, YouFit Health Clubs, LLC owns all of the assets that produce revenue from the

business of the Debtors; therefore, the Debtors have listed all gross revenue from the business of the Debtors on the Statement for YouFit Health Clubs, LLC.

Part 2, Items 3 and 4

As is more fully set forth in the Cash Management Motion, the Debtors satisfy payables through five (5) bank accounts maintained for the purpose of making disbursements. While YouFit Health Clubs, LLC owns the funds that are the ultimate source of payments made through such disbursement accounts, YouFit Health Clubs, LLC is the named account holder on only one (1) such account. Therefore, while any transfers of funds are technically transfers of property of YouFit Health Clubs, LLC, such transfers are listed only on the Statement of the Debtor entity who is the named account holder of the disbursement account from which the transfer was made. Further, all payments to insiders, including payments to insiders made within ninety (90) days of the Petition Date, have been listed under Item 4.

Part 13, Item 26.b

Historically, the Debtors have conducted an annual certified financial audit of their consolidated financials. In the course of such audits of the Debtors' consolidated financials, certain testing may have been performed with respect to certain individual Debtor entities; however, no individual certified financial audits were ever produced as to any individual Debtor entities.

Part 13, Item 26.d

As noted herein, the Debtors ordinarily prepare consolidated financial statements in accordance with GAAP for financial reporting purposes. The Debtors issue their consolidated financial statements in the ordinary course of business. It would be a timely and burdensome task for the Debtors to go through their records to identify all financial institutions, creditors, and other parties to whom the Debtors have issued a financial statement within the two (2) years prior to the Petition Date; accordingly, the Debtors have not identified such recipients.

Fill in this information to identify the case:**Debtor name:** YouFit Health Clubs, LLC**United States Bankruptcy Court for the:** District of Delaware**Case number (if known):** 20-12841☐ Check if this is an amended filing

Official Form 206Sum

Summary of Assets and Liabilities for Non-Individuals

12/15

Part 1: Summary of Assets**1. Schedule A/B: Assets—Real and Personal Property** (Official Form 206A/B)**1a. Real property:**

Copy line 88 from Schedule A/B

UNDETERMINED

1b. Total personal property:

Copy line 91A from Schedule A/B

\$17,617,470.53

1c. Total of all property:

Copy line 92 from Schedule A/B

\$17,617,470.53

Part 2: Summary of Liabilities**2. Schedule D: Creditors Who Have Claims Secured by Property** (Official Form 206D)

Copy the total dollar amount listed in Column A, Amount of claim, from line 3 of Schedule D

\$88,259,121.01

3. Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 206E/F)**3a. Total claim amounts of priority unsecured claims:**

Copy the total claims from Part 1 from line 5a of Schedule E/F

\$335,955.67

3b. Total amount of claims of nonpriority amount of unsecured claims:

Copy the total of the amount of claims from Part 2 from line 5b of Schedule E/F

+ \$903,938.77

4. Total liabilities

Lines 2 + 3a + 3b

\$89,499,015.45

Fill in this information to identify the case:**Debtor name:** YouFit Health Clubs, LLC**United States Bankruptcy Court for the:** District of Delaware**Case number (if known):** 20-12841☐ Check if this is an amended filing

Official Form 206A/B

Schedule A/B: Assets — Real and Personal Property

12/15

Disclose all property, real and personal, which the debtor owns or in which the debtor has any other legal, equitable, or future interest. Include all property in which the debtor holds rights and powers exercisable for the debtor's own benefit. Also include assets and properties which have no book value, such as fully depreciated assets or assets that were not capitalized. In Schedule A/B, list any executory contracts or unexpired leases. Also list them on Schedule G: Executory Contracts and Unexpired Leases (Official Form 206G).

Be as complete and accurate as possible. If more space is needed, attach a separate sheet to this form. At the top of any pages added, write the debtor's name and case number (if known). Also identify the form and line number to which the additional information applies. If an additional sheet is attached, include the amounts from the attachment in the total for the pertinent part.

For Part 1 through Part 11, list each asset under the appropriate category or attach separate supporting schedules, such as a fixed asset schedule or depreciation schedule, that gives the details for each asset in a particular category. List each asset only once. In valuing the debtor's interest, do not deduct the value of secured claims. See the instructions to understand the terms used in this form.

Part 1: Cash and cash equivalents**1. Does the debtor have any cash or cash equivalents?**☐ No. Go to Part 2.☒ Yes. Fill in the information below

All cash or cash equivalents owned or controlled by the debtor	Current value of debtor's interest
--	------------------------------------

2. Cash on hand

2.1. CASH IN REGISTERS	\$8,800.00
2.2. PETTY CASH	\$600.00

3. Checking, savings, money market, or financial brokerage accounts (Identify all)

	Name of institution (bank or brokerage firm)	Type of account	Last 4 digits of account number	Current value of debtor's interest
3.1.	BANK OF AMERICA	REVENUE ACCOUNT	6225	\$18,415.00
3.2.	BANK OF AMERICA	REVENUE ACCOUNT	4652	\$3,000,000.00
3.3.	BANK OF AMERICA	CONCENTRATION ACCOUNT	7085	\$699,594.49
3.4.	BANK OF AMERICA	DISBURSEMENT ACCOUNT	7098	\$0.00
3.5.	JP MORGAN CHASE	REVENUE ACCOUNT	6528	\$7,267.95
3.6.	JP MORGAN CHASE	DISBURSEMENT ACCOUNT	7975	\$4,770.75
3.7.	WELLS FARGO	REVENUE ACCOUNT	7573	\$10,373.41

4. Other cash equivalents (Identify all)

	Description	Name of institution	Type of account	Last 4 digits of account number	Current value of debtor's interest
4.1.	CERTIFICATE OF DEPOSIT	BANK OF AMERICA NA PO BOX 15284 WILMINGTON DE 19850	CASH COLLATERAL INTEREST CHECKING ACCOUNT	1298	\$50,000.00

Debtor **YouFit Health Clubs, LLC**Case number (if known) **20-12841****5. Total of part 1**

Add lines 2 through 4 (including amounts on any additional sheets). Copy the total to line 80.

\$3,799,821.60

Part 2: Deposits and prepayments**6. Does the debtor have any deposits or prepayments?**

- ☐ No. Go to Part 3.
- ☒ Yes. Fill in the information below

7. Deposits, including security deposits and utility deposits

	Description, including name of holder of deposit	Current value of debtor's interest
7.1.	UTILITIES FPL GENERAL MAIL FACILITY MIAMI FL 33188-0001	\$4,759.00
7.2.	UTILITIES FPL GENERAL MAIL FACILITY MIAMI FL 33188-0001	\$2,336.00
7.3.	RENT POLYGLASS USA, INC. DEPT 2663 PO BOX 122663 DALLAS TX 75312	\$17,099.95
7.4.	RENT POLYGLASS USA, INC. DEPT 2663 PO BOX 122663 DALLAS TX 75312	\$10,056.19
7.5.	RENT POLYGLASS USA, INC. DEPT 2663 PO BOX 122663 DALLAS TX 75312	\$2,500.00

8. Prepayments, including prepayments on executory contracts, leases, insurance, taxes, and rent

	Description, including name of holder of prepayment	Current value of debtor's interest
8.1.	ALARM ALL PHASE SECURITY, INC	\$739.88
8.2.	ALARM AMERICAN SECURITY & FIRE ALARM SYSTEMS, INC	\$1,909.95
8.3.	FACILITY REPAIR AMERICAN SECURITY & FIRE ALARM SYSTEMS, INC	\$1,306.45
8.4.	FIXED ASSETS AMERICAN SECURITY & FIRE ALARM SYSTEMS, INC	\$1,025.00
8.5.	TELEPHONE AT&T - 105262	\$1,499.12
8.6.	TELEPHONE AT&T - 105503	\$136.26

Debtor **YouFit Health Clubs, LLC**Case number (if known) **20-12841****8. Prepayments, including prepayments on executory contracts, leases, insurance, taxes, and rent**

	Description, including name of holder of prepayment	Current value of debtor's interest
8.7.	TELEPHONE AT&T - 5014	\$300.95
8.8.	CAR AUDI FINANCIAL SERVICES	\$1,033.99
8.9.	TELEPHONE BLUE STREAM	\$793.12
8.10.	PROFESSIONAL SERVICES CBIZ MHM, LLC	\$4,705.05
8.11.	PROFESSIONAL SERVICES CBRE, INC.	\$10,711.33
8.12.	SOFTWARE DEVELOPMENT CLOUD-ONSITE TECHNOLOGIES INC	\$22,123.71
8.13.	UTILITIES CORPORATE SERVICES CONSULTANTS	\$1,659.25
8.14.	PROFESSIONAL SERVICES DOMO, INC	\$78,889.74
8.15.	RETAINER BALANCE DONLIN RECANO & COMPANY	\$34,314.00
8.16.	KEY TAGS EI GLOBAL GROUP LLC	\$6,098.80
8.17.	ALARM FORTRESS SECURITY LLC	\$1,423.50
8.18.	RETAINER BALANCE GREENBERG TRAURIG LLP	\$389,326.65
8.19.	COPIERS HGI TECHNOLOGIES	\$1,628.70
8.20.	RETAINER BALANCE HILCO REAL ESTATE, LLC	\$70,642.25
8.21.	D&O INS MARSH USA INC	\$21,898.75
8.22.	FACILITY REPAIR MILLER MECHANICAL, INC	\$1,163.67
8.23.	MARKETING MOTUS CREATIVE LLC	\$100,000.00
8.24.	EMPLOYEE TRAINING OPENSESAME, INC	\$3,478.84
8.25.	RETAINER BALANCE PHOENIX MANAGEMENT SERVICES	\$280,801.50

Debtor **YouFit Health Clubs, LLC**Case number (if known) **20-12841****8. Prepayments, including prepayments on executory contracts, leases, insurance, taxes, and rent**

	Description, including name of holder of prepayment	Current value of debtor's interest
8.26.	FIXED ASSETS POWELL AV LLC	\$3,700.35
8.27.	FIXED ASSETS PRO REVOLUTION	\$1,500.00
8.28.	RETAINER BALANCE RED BANYAN GROUP, LLC	\$70,000.00
8.29.	MARKETING SALESFORCE.COM, INC	\$48,054.06
8.30.	FIXED ASSETS SPECIALIZED SUPPLIES & SERVICES INC	\$1,995.39
8.31.	A/C REPAIR SUNSTATE AIR CONDITIONING AND HEATING, LLC	\$855.83
8.32.	SECONDARY REVENUE TIVITY HEALTH	\$36,602.50
8.33.	WORKER'S COMP TRAVELERS	\$38,675.59
8.34.	FIXED ASSETS TURNSTILES	\$10,294.00
8.35.	LEASE UNITED LEASING, INC-CACTUS	\$1,884.84
8.36.	TRASH WASTE MANAGEMENT 13648	\$4,269.58
8.37.	TRASH WASTE MANAGEMENT 660345	\$399.07
8.38.	TRASH WASTE MANAGEMENT 78251	\$681.26
8.39.	TRASH WASTE MANAGEMENT 9001054	\$1,356.79
8.40.	TRASH WASTE MANAGEMENT INC OF FLORIDA	\$13,095.15

9. Total of part 2

Add lines 7 through 8. Copy the total to line 81.

\$1,307,726.01

Part 3: Accounts receivable**10. Does the debtor have any accounts receivable?**

- ☐ No. Go to Part 4.
- ☒ Yes. Fill in the information below.

Debtor **YouFit Health Clubs, LLC**Case number (if known) **20-12841****Current value of
debtor's interest****11. Accounts receivable**

		Face amount	Doubtful or uncollectible accounts		
11a. ¹	90 days old or less:	\$1,571,623.00	- \$439,511.89	= →	\$1,132,111.11
		Face amount	Doubtful or uncollectible accounts		
11b. ¹	Over 90 days old:	\$276,443.00	- \$276,443.00	= →	\$0.00

12. Total of part 3

Current value on lines 11a + 11b = line 12. Copy the total to line 82.

\$1,132,111.11¹OCT 31, 2020 BALANCE**Part 4: Investments****13. Does the debtor own any investments?**

- ☐ No. Go to Part 5.
- ☒ Yes. Fill in the information below.

**Valuation method used
for current value****Current value of
debtor's interest****14. Mutual funds or publicly traded stocks not included in Part 1**

Name of fund or stock

14.1. _____ \$ _____

15. Non-publicly traded stock and interests in incorporated and unincorporated businesses, including any interest in an LLC, partnership, or joint venture

	Name of entity	% of ownership		
15.1.	SEVEN B-FIT, LLC	100.00%	_____	UNDETERMINED
15.2.	SOUTH FLORIDA HEALTH AND FITNESS, INC.	100.00%	_____	UNDETERMINED
15.3.	YF ADMIN, LLC	100.00%	_____	UNDETERMINED
15.4.	YF ARIZONA LLC	100.00%	_____	UNDETERMINED
15.5.	YF CORAL WAY II, LLC	100.00%	_____	UNDETERMINED
15.6.	YF EAST FOWLER, LLC	100.00%	_____	UNDETERMINED
15.7.	YF GROUP A, LLC	100.00%	_____	UNDETERMINED
15.8.	YF HAMMOCK LLC	100.00%	_____	UNDETERMINED
15.9.	YF HIALEAH, LLC	100.00%	_____	UNDETERMINED
15.10.	YF HORIZON, LLC	100.00%	_____	UNDETERMINED
15.11.	YF LAFAYETTE PLACE, LLC	100.00%	_____	UNDETERMINED
15.12.	YF OLNEY, LLC	100.00%	_____	UNDETERMINED
15.13.	YF POMPANO, LLC	100.00%	_____	UNDETERMINED
15.14.	YF RANDALLSTOWN, LLC	100.00%	_____	UNDETERMINED
15.15.	YF RIVERDALE, LLC	100.00%	_____	UNDETERMINED

Debtor **YouFit Health Clubs, LLC**Case number (if known) **20-12841**

15.16.	YF SE FLA, LLC	100.00%	_____	UNDETERMINED
15.17.	YOU FIT ENTERPRISES, LLC	100.00%	_____	UNDETERMINED
15.18.	YOU FIT NINE, LLC	100.00%	_____	UNDETERMINED
15.19.	YOU FIT PINELLAS PARK, LLC	100.00%	_____	UNDETERMINED
15.20.	YOUFIT, LLC	100.00%	_____	UNDETERMINED

16. Government bonds, corporate bonds, and other negotiable and non-negotiable instruments not included in Part 1

Describe

16.1. _____ \$ _____

17. Total of part 4

Add lines 14 through 16. Copy the total to line 83.

UNDETERMINED

Part 5: Inventory, excluding agriculture assets**18. Does the debtor own any inventory (excluding agriculture assets)?**☐

No. Go to Part 6.

☒

Yes. Fill in the information below.

	General description	Date of the last physical inventory	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
19. Raw materials					
19.1.	_____	_____	\$ _____	_____	\$ _____
20. Work in progress					
20.1.	_____	_____	\$ _____	_____	\$ _____
21. Finished goods, including goods held for resale					
	General description	Date of the last physical inventory	Net book value of debtor's interest	Valuation method used for current value	Current value of debtor's interest
21.1.	DRINKS, TSHIRTS, TOWELS	05/2020	\$245,856.97	PURCHASE PRICE	\$245,856.97
22. Other inventory or supplies					
22.1.	_____	_____	\$ _____	_____	\$ _____

23. Total of part 5

Add lines 19 through 22. Copy the total to line 84.

\$245,856.97

24. Is any of the property listed in Part 5 perishable?☒

No

☐

Yes

25. Has any of the property listed in Part 5 been purchased within 20 days before the bankruptcy was filed?☐

No

☒

Yes Book value: \$118,190.13 Valuation method: PURCHASE PRICE Current value: \$118,190.13

26. Has any of the property listed in Part 5 been appraised by a professional within the last year?☒

No

☐

Yes

Debtor **YouFit Health Clubs, LLC**Case number (if known) **20-12841****Part 6: Farming and fishing-related assets (other than titled motor vehicles and land)****27. Does the debtor own or lease any farming and fishing-related assets (other than titled motor vehicles and land)?**

- ☒ No. Go to Part 7.
- ☐ Yes. Fill in the information below.

General description	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
28. Crops—either planted or harvested			
28.1. _____	\$ _____	_____	\$ _____
29. Farm animals. Examples: Livestock, poultry, farm-raised fish			
29.1. _____	\$ _____	_____	\$ _____
30. Farm machinery and equipment (Other than titled motor vehicles)			
30.1. _____	\$ _____	_____	\$ _____
31. Farm and fishing supplies, chemicals, and feed			
31.1. _____	\$ _____	_____	\$ _____
32. Other farming and fishing-related property not already listed in Part 6			
32.1. _____	\$ _____	_____	\$ _____
33. Total of part 6			\$0.00

Add lines 28 through 32. Copy the total to line 85.

34. Is the debtor a member of an agricultural cooperative?

- ☐ No
- ☐ Yes. Is any of the debtor's property stored at the cooperative?
- ☐ No
- ☐ Yes

35. Has any of the property listed in Part 6 been purchased within 20 days before the bankruptcy was filed?

- ☐ No
- ☐ Yes Book value: \$ _____ Valuation method: _____ Current value: \$ _____

36. Is a depreciation schedule available for any of the property listed in Part 6?

- ☐ No
- ☐ Yes

37. Has any of the property listed in Part 6 been appraised by a professional within the last year?

- ☐ No
- ☐ Yes

Part 7: Office furniture, fixtures, and equipment; and collectibles**38. Does the debtor own or lease any office furniture, fixtures, equipment, or collectibles?**

- ☐ No. Go to Part 8.
- ☒ Yes. Fill in the information below.

General description	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
39. Office furniture			
39.1. SEE, RESPONSE AT PART 7, NO. 40	\$ _____	_____	\$ _____

Debtor **YouFit Health Clubs, LLC**Case number (if known) **20-12841****40. Office fixtures**

40.1. OWNED FURNITURE & EQUIPMENT	\$386,611.76	Net Book Value	\$386,611.76
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41. Office equipment, including all computer equipment and communication systems equipment and software

	Net book value of debtor's interest	Valuation method used for current value	Current value of debtor's interest
41.1. COMPUTER SOFTWARE	\$1,476,949.47	Net Book Value	\$1,476,949.47

42. Collectibles. Examples: Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; china and crystal; stamp, coin, or baseball card collections; other collections, memorabilia, or collectibles

42.1. _____	\$ _____		\$ _____
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43. Total of part 7

Add lines 39 through 42. Copy the total to line 86.

\$1,863,561.23

44. Is a depreciation schedule available for any of the property listed in Part 7?☐ No☒ Yes**45. Has any of the property listed in Part 7 been appraised by a professional within the last year?**☒ No☐ Yes**Part 8: Machinery, equipment, and vehicles****46. Does the debtor own or lease any machinery, equipment, or vehicles?**☐ No. Go to Part 9.☒ Yes. Fill in the information below.**General description**

Include year, make, model, and identification numbers (i.e., VIN, HIN, or N-number)

Net book value of debtor's interest (Where available)
 (Where available)

Valuation method used for current value
Current value of debtor's interest
47. Automobiles, vans, trucks, motorcycles, trailers, and titled farm vehicles

47.1. _____	\$ _____		\$ _____
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48. Watercraft, trailers, motors, and related accessories. Examples: Boats, trailers, motors, floating homes, personal watercraft, and fishing vessels

48.1. _____	\$ _____		\$ _____
-------------	----------	--	----------

49. Aircraft and accessories

49.1. _____	\$ _____		\$ _____
-------------	----------	--	----------

50. Other machinery, fixtures, and equipment (excluding farm machinery and equipment)

50.1. OWNED AND LEASED EQUIPMENT	\$8,706,521.08	Net Book Value	\$8,706,521.08
50.2. SIGNAGE	\$541,327.52	Net Book Value	\$541,327.52
50.3. TANNING BEDS	\$15,003.01	Net Book Value	\$15,003.01

51. Total of part 8

Add lines 47 through 50. Copy the total to line 87.

\$9,262,851.61

52. Is a depreciation schedule available for any of the property listed in Part 8?☐ No☒ Yes

Debtor **YouFit Health Clubs, LLC**Case number (if known) **20-12841****53. Has any of the property listed in Part 8 been appraised by a professional within the last year?**

- ☒ No
☐ Yes

Part 9: Real property**54. Does the debtor own or lease any real property?**

- ☐ No. Go to Part 10.
☒ Yes. Fill in the information below.

Description and location of property Include street address or other description such as Assessor Parcel Number (APN), and type of property (for example, acreage, factory, warehouse, apartment or office building), if available.	Nature and extent of debtor's interest in property	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
--	--	--	---	------------------------------------

55. Any building, other improved real estate, or land which the debtor owns or in which the debtor has an interest

55.1. _____ LEASEHOLD _____ UNDETERMINED _____ UNDETERMINED
 LEGAL OFFICE
 NO. 1000 LEGAL OFFICE
 111 2ND AVENUE NE, SUITE 1402
 ST PETERSBURG FL 33701

56. Total of part 9

Add the current value on lines 55. Copy the total to line 88.

UNDETERMINED

57. Is a depreciation schedule available for any of the property listed in Part 9?

- ☒ No
☐ Yes

58. Has any of the property listed in Part 9 been appraised by a professional within the last year?

- ☒ No
☐ Yes

Part 10: Intangibles and intellectual property**59. Does the debtor have any interests in intangibles or intellectual property?**

- ☐ No. Go to Part 11.
☒ Yes. Fill in the information below.

General description	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
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60. Patents, copyrights, trademarks, and trade secrets

60.1. _____ \$ _____ _____ \$ _____

61. Internet domain names and websites

	Net book value of debtor's interest	Valuation method	Current value of debtor's interest
61.1. INTERNET DOMAIN NAMES & WEBSITES - ALL	\$12,249.76	Net Book Value	UNDETERMINED
61.2. ALTAMONTESPRINGS-CRANESROOS-YOUFIT.COM	\$ _____	_____	\$ _____
61.3. ALTAMONTESPRINGS-CRANESROOST-YOUFIT.COM	\$ _____	_____	\$ _____
61.4. ATLANTA-ROSWELL-RD-7440-YOUFIT.COM	\$ _____	_____	\$ _____
61.5. BALTIMORE-NORTHERNPKWY-YOUFIT.COM	\$ _____	_____	\$ _____
61.6. BOCA-RATON-PALMETTO-PARK-RD-6438-YOUFIT.COM	\$ _____	_____	\$ _____

Debtor **YouFit Health Clubs, LLC**Case number (if known) **20-12841****61. Internet domain names and websites**

		Net book value of debtor's interest	Valuation method	Current value of debtor's interest
61.7.	BOCA-RATON-SANDALFOOT-PLAZA-DR-7444-YOUFIT.COM	\$ _____	_____	\$ _____
61.8.	BOCA-TOWN-CENTER-YOUFIT.COM	\$ _____	_____	\$ _____
61.9.	BOYNTONBEACH-CONGRESS-YOUFIT.COM	\$ _____	_____	\$ _____
61.10.	BRADENTON-CORTEZ-YOUFIT.COM	\$ _____	_____	\$ _____
61.11.	COCONUT-GROVE-GRAND-AVE-7743-YOUFIT.COM	\$ _____	_____	\$ _____
61.12.	CORAL-SPRINGS-ATLANTIC-YOUFIT.COM	\$ _____	_____	\$ _____
61.13.	CORALSPRINGS-WESTVIEW-YOUFIT.COM	\$ _____	_____	\$ _____
61.14.	COUNTDOWNTOCHANGE.COM	\$ _____	_____	\$ _____
61.15.	DALLAS-BELT-LINE-YOUFIT.COM	\$ _____	_____	\$ _____
61.16.	DANIA-BEACH-COMPASS-WAY-7797-YOUFIT.COM	\$ _____	_____	\$ _____
61.17.	DAVIE-SR84-YOUFIT.COM	\$ _____	_____	\$ _____
61.18.	DEERFIELD BEACH-HILLSBORO-YOUFIT.COM	\$ _____	_____	\$ _____
61.19.	DOUGLASVILLE-GA-YOUFIT.COM	\$ _____	_____	\$ _____
61.20.	FITBEGINSWITHYOU.COM	\$ _____	_____	\$ _____
61.21.	FITBEGINSWITHYOU.INFO	\$ _____	_____	\$ _____
61.22.	FITBEGINSWITHYOU.NET	\$ _____	_____	\$ _____
61.23.	FITBEGINSWITHYOU.ORG	\$ _____	_____	\$ _____
61.24.	GAINESVILLE-34THST-YOUFIT.COM	\$ _____	_____	\$ _____
61.25.	GAINSVILLE-34THST-YOUFIT.COM	\$ _____	_____	\$ _____
61.26.	GARLAND-BROADWAY-YOUFIT.COM	\$ _____	_____	\$ _____
61.27.	GETFITGYMS.COM	\$ _____	_____	\$ _____
61.28.	GETFITGYMS.INFO	\$ _____	_____	\$ _____
61.29.	GETFITGYMS.NET	\$ _____	_____	\$ _____
61.30.	GETFITGYMS.ORG	\$ _____	_____	\$ _____
61.31.	GETFITHEALTHCLUBS.COM	\$ _____	_____	\$ _____
61.32.	GETFITHEALTHCLUBS.INFO	\$ _____	_____	\$ _____
61.33.	GETFITHEALTHCLUBS.NET	\$ _____	_____	\$ _____
61.34.	GETFITHEALTHCLUBS.ORG	\$ _____	_____	\$ _____
61.35.	GETFITLARGO.COM	\$ _____	_____	\$ _____
61.36.	GETFITNESSLARGO.COM	\$ _____	_____	\$ _____
61.37.	GETLIMETIME.COM	\$ _____	_____	\$ _____
61.38.	GILBERT-HIGLEY-YOUFIT.COM	\$ _____	_____	\$ _____
61.39.	GREENACRES-JOG-RD-7434-YOUFIT.COM	\$ _____	_____	\$ _____
61.40.	GREENESTGYMONTHEPLANET.COM	\$ _____	_____	\$ _____
61.41.	GREENESTGYMONTHEPLANET.INFO	\$ _____	_____	\$ _____
61.42.	GREENESTGYMONTHEPLANET.NET	\$ _____	_____	\$ _____
61.43.	GREENESTGYMONTHEPLANET.ORG	\$ _____	_____	\$ _____
61.44.	GREENISOURCOLOR.COM	\$ _____	_____	\$ _____

Debtor **YouFit Health Clubs, LLC**Case number (if known) **20-12841****61. Internet domain names and websites**

		Net book value of debtor's interest	Valuation method	Current value of debtor's interest
61.45.	GREENISOURCOLOR.INFO	\$ _____	_____	\$ _____
61.46.	GREENISOURCOLOR.NET	\$ _____	_____	\$ _____
61.47.	GREENISOURCOLOR.ORG	\$ _____	_____	\$ _____
61.48.	GREENISOURTHING.COM	\$ _____	_____	\$ _____
61.49.	GREENISOURTHING.NET	\$ _____	_____	\$ _____
61.50.	GREENISOURTHING.ORG	\$ _____	_____	\$ _____
61.51.	HARVEY-MANHATTAN-YOUFIT.COM	\$ _____	_____	\$ _____
61.52.	HIALEAH-16THAVE-YOUFIT.COM	\$ _____	_____	\$ _____
61.53.	HOLLYWOOD-OAKWOOD-YOUFIT.COM	\$ _____	_____	\$ _____
61.54.	HOUSTON-ANTOINE-DR-7740-YOUFIT.COM	\$ _____	_____	\$ _____
61.55.	HUNTSVILLE-YOUFIT.COM	\$ _____	_____	\$ _____
61.56.	JACKSONVILLE-BLANDING-YOUFIT.COM	\$ _____	_____	\$ _____
61.57.	JACKSONVILLE-NORWOOD-AVE-7442-YOUFIT.COM	\$ _____	_____	\$ _____
61.58.	JUSTFITNESSMESQUITE.COM	\$ _____	_____	\$ _____
61.59.	KENDALL-112TH-YOUFIT.COM	\$ _____	_____	\$ _____
61.60.	KENDALL-72ND-ST-7368-YOUFIT.COM	\$ _____	_____	\$ _____
61.61.	KENNESAW-CHEROKEE-ST-7364-YOUFIT.COM	\$ _____	_____	\$ _____
61.62.	LANDOLAKES-VILLAGELAKES-7333-YOUFIT.COM	\$ _____	_____	\$ _____
61.63.	LANTANA-CONGRESS-YOUFIT.COM	\$ _____	_____	\$ _____
61.64.	LARGO-MISSOURI-AVE-7794-YOUFIT.COM	\$ _____	_____	\$ _____
61.65.	LAUDERDALELAKES-OAKLANDPARK-YOUFIT.COM	\$ _____	_____	\$ _____
61.66.	LAUDERHILL-40THAVE-YOUFIT.COM	\$ _____	_____	\$ _____
61.67.	LIMETIME.COM	\$ _____	_____	\$ _____
61.68.	LIMETIMEFITNESS.COM	\$ _____	_____	\$ _____
61.69.	LIMETIMEFITNESS.INFO	\$ _____	_____	\$ _____
61.70.	LIMETIMEFITNESS.NET	\$ _____	_____	\$ _____
61.71.	LIMETIMEFITNESS.ORG	\$ _____	_____	\$ _____
61.72.	LIMETIMETRAINING.COM	\$ _____	_____	\$ _____
61.73.	LIMETIMETRAINING.INFO	\$ _____	_____	\$ _____
61.74.	LIMETIMETRAINING.NET	\$ _____	_____	\$ _____
61.75.	LIMETIMETRAINING.ORG	\$ _____	_____	\$ _____
61.76.	LITTLETON-SOUTH-BROADWAY-7731-YOUFIT.COM	\$ _____	_____	\$ _____
61.77.	MARGATE-441-YOUFIT.COM	\$ _____	_____	\$ _____
61.78.	MESA-RECKER-YOUFIT.COM	\$ _____	_____	\$ _____
61.79.	MESQUITE-GALLOWAY-YOUFIT.COM	\$ _____	_____	\$ _____
61.80.	MIAMI-107TH-YOUFIT.COM	\$ _____	_____	\$ _____
61.81.	MIAMI-112TH-AVE-7363-YOUFIT.COM	\$ _____	_____	\$ _____
61.82.	MIAMI-127TH-AVE-7438-YOUFIT.COM	\$ _____	_____	\$ _____

Debtor **YouFit Health Clubs, LLC**Case number (if known) **20-12841****61. Internet domain names and websites**

		Net book value of debtor's interest	Valuation method	Current value of debtor's interest
61.83.	MIAMI-152ND-YOUFIT.COM	\$ _____	_____	\$ _____
61.84.	MIAMI-24THST-YOUFIT.COM	\$ _____	_____	\$ _____
61.85.	MIAMI-26TH-YOUFIT.COM	\$ _____	_____	\$ _____
61.86.	MIAMI-79TH-ST-7763-YOUFIT.COM	\$ _____	_____	\$ _____
61.87.	MIAMI-87TH-7750-YOUFIT.COM	\$ _____	_____	\$ _____
61.88.	MIAMI-FLAGLER-YOUFIT.COM	\$ _____	_____	\$ _____
61.89.	MIAMI-HAMMOCKS-YOUFIT.COM	\$ _____	_____	\$ _____
61.90.	MIAMIGARDENS-27THAVE-YOUFIT.COM	\$ _____	_____	\$ _____
61.91.	MIDLOTHIAN-YOUFIT.COM	\$ _____	_____	\$ _____
61.92.	MYYOUFIT.COM	\$ _____	_____	\$ _____
61.93.	NEW-ORLEANS-HOLIDAY-DR-7728-YOUFIT.COM	\$ _____	_____	\$ _____
61.94.	NORCROSS-SINGLETON-RD-7349-YOUFIT.COM	\$ _____	_____	\$ _____
61.95.	NORTH-POMPANO-SAMPLE-RD-7388-YOUFIT.COM	\$ _____	_____	\$ _____
61.96.	NORTH-PORT-YOUFIT.COM	\$ _____	_____	\$ _____
61.97.	NORTH-PROVIDENCE-SMITH-ST-7741-YOUFIT.COM	\$ _____	_____	\$ _____
61.98.	NORTHLAUDERDALE-MCNAB-YOUFIT.COM	\$ _____	_____	\$ _____
61.99.	OAKLANDPARK-COMMERCIAL-YOUFIT.COM	\$ _____	_____	\$ _____
61.100.	ORLANDO-COLONIAL-YOUFIT.COM	\$ _____	_____	\$ _____
61.101.	ORLANDO-ORANGE-AVE-7457-YOUFIT.COM	\$ _____	_____	\$ _____
61.102.	PEMBROKE-PINES-PINES-BLVD-7432-YOUFIT.COM	\$ _____	_____	\$ _____
61.103.	PEMBROKE-PINES-TAFT-ST-6441-YOUFIT.COM	\$ _____	_____	\$ _____
61.104.	PHILADELPHIA-EASTOLNEY-YOUFIT.COM	\$ _____	_____	\$ _____
61.105.	PHOENIX-35TH-AVE-7338-YOUFIT.COM	\$ _____	_____	\$ _____
61.106.	PHOENIX-BETHANY-HOME-RD-7397-YOUFIT.COM	\$ _____	_____	\$ _____
61.107.	PHOENIX-THUNDERBIRD-YOUFIT.COM	\$ _____	_____	\$ _____
61.108.	PINELLAS-PARK-66TH-ST-7759-YOUFIT.COM	\$ _____	_____	\$ _____
61.109.	POMPANO-BEACH-FEDERAL-HW-6443-YOUFIT.COM	\$ _____	_____	\$ _____
61.110.	PORT-CHARLOTTE-YOUFIT.COM	\$ _____	_____	\$ _____
61.111.	RANDALLSTOWN-LIBERTY-RD-7781-YOUFIT.COM	\$ _____	_____	\$ _____
61.112.	RICHARDSON-BELT-LINE-RD-7752-YOUFIT.COM	\$ _____	_____	\$ _____
61.113.	RICHMOND-HULLST-YOUFIT.COM	\$ _____	_____	\$ _____
61.114.	RICHMOND-YOUFIT.COM	\$ _____	_____	\$ _____
61.115.	RIVERDALE-GA-YOUFIT.COM	\$ _____	_____	\$ _____
61.116.	SARASOTA-TUTTLE-AVE-7384-YOUFIT.COM	\$ _____	_____	\$ _____
61.117.	SCOTTSDALE-YOUFIT.COM	\$ _____	_____	\$ _____
61.118.	SOUTH-GILBERT-AZ-YOUFIT.COM	\$ _____	_____	\$ _____
61.119.	STPETERSBURG-9THAVE-YOUFIT.COM	\$ _____	_____	\$ _____
61.120.	SUNRISE-13THLN-YOUFIT.COM	\$ _____	_____	\$ _____

Debtor **YouFit Health Clubs, LLC**Case number (if known) **20-12841****61. Internet domain names and websites**

	Net book value of debtor's interest	Valuation method	Current value of debtor's interest
61.121. SUNRISE-UNIVERSITY-YOUFIT.COM	\$ _____	_____	\$ _____
61.122. SUWANEE-YOUFIT.COM	\$ _____	_____	\$ _____
61.123. TALLAHASSEE-MAHAN-DR-7394-YOUFIT.COM	\$ _____	_____	\$ _____
61.124. TALLAHASSEE-MONROE-ST-7336-YOUFIT.COM	\$ _____	_____	\$ _____
61.125. TALLAHASSEE-PENSACOLA-YOUFIT.COM	\$ _____	_____	\$ _____
61.126. TAMPA-DALE-MABRY-HWY-7435-YOUFIT.COM	\$ _____	_____	\$ _____
61.127. TAMPA-GANDY-BLVD-7381-YOUFIT.COM	\$ _____	_____	\$ _____
61.128. TAMPA-HILLSBOROUGH-AVE-7389-YOUFIT.COM	\$ _____	_____	\$ _____
61.129. TAMPA-RACE-TRACK-RD-7358-YOUFIT.COM	\$ _____	_____	\$ _____
61.130. THEGREENERTHECOOLER.COM	\$ _____	_____	\$ _____
61.131. THEGREENERTHECOOLER.INFO	\$ _____	_____	\$ _____
61.132. THEGREENERTHECOOLER.NET	\$ _____	_____	\$ _____
61.133. THEGREENERTHECOOLER.ORG	\$ _____	_____	\$ _____
61.134. THEGREENESTGYMONTHEPLANET.COM	\$ _____	_____	\$ _____
61.135. THEGREENESTGYMONTHEPLANET.INFO	\$ _____	_____	\$ _____
61.136. THEGREENESTGYMONTHEPLANET.NET	\$ _____	_____	\$ _____
61.137. THEGREENESTGYMONTHEPLANET.ORG	\$ _____	_____	\$ _____
61.138. UFIT.XXX	\$ _____	_____	\$ _____
61.139. UFITGYMS.CO	\$ _____	_____	\$ _____
61.140. UFITHEALTHCLUB.COM	\$ _____	_____	\$ _____
61.141. UFITHEALTHCLUBS.CO	\$ _____	_____	\$ _____
61.142. UFITHEALTHCLUBS.COM	\$ _____	_____	\$ _____
61.143. UFITHEALTHCLUBS.XXX	\$ _____	_____	\$ _____
61.144. UFITNEWS.CO	\$ _____	_____	\$ _____
61.145. UFITNEWS.COM	\$ _____	_____	\$ _____
61.146. UFITNEWS.INFO	\$ _____	_____	\$ _____
61.147. UFITNEWS.NET	\$ _____	_____	\$ _____
61.148. UFITNEWS.ORG	\$ _____	_____	\$ _____
61.149. VENICE-JACARANDA-YOUFIT.COM	\$ _____	_____	\$ _____
61.150. WEGETFITNESS.COM	\$ _____	_____	\$ _____
61.151. WEGETFITNESS.INFO	\$ _____	_____	\$ _____
61.152. WEGETFITNESS.NET	\$ _____	_____	\$ _____
61.153. WEGETFITNESS.ORG	\$ _____	_____	\$ _____
61.154. WELLINGTON-TRACE-YOUFIT.COM	\$ _____	_____	\$ _____
61.155. WEST-PALM-BEACH-MILITARY-TRL-7387-YOUFIT.COM	\$ _____	_____	\$ _____
61.156. WESTPALMBEACH-OKEECHOBEE-YOUFIT.COM	\$ _____	_____	\$ _____
61.157. WINTER-PARK-UNIVERSITY-BLVD-7360-YOUFIT.COM	\$ _____	_____	\$ _____
61.158. YFLEWISVILLE.COM	\$ _____	_____	\$ _____

Debtor **YouFit Health Clubs, LLC**Case number (if known) **20-12841****61. Internet domain names and websites**

	Net book value of debtor's interest	Valuation method	Current value of debtor's interest
61.159. YFLOUISVILLE.COM	\$ _____	_____	\$ _____
61.160. YFLYNWOOD.COM	\$ _____	_____	\$ _____
61.161. YFYOUCOACH.COM	\$ _____	_____	\$ _____
61.162. YFYOUCOACH.INFO	\$ _____	_____	\$ _____
61.163. YFYOUCOACH.NET	\$ _____	_____	\$ _____
61.164. YFYOUCOACH.ORG	\$ _____	_____	\$ _____
61.165. YOUFIT.COM	\$ _____	_____	\$ _____
61.166. YOUFIT.NET	\$ _____	_____	\$ _____
61.167. YOUFIT.ORG	\$ _____	_____	\$ _____
61.168. YOUFIT.XXX	\$ _____	_____	\$ _____
61.169. YOUFITARIZONA.COM	\$ _____	_____	\$ _____
61.170. YOUFITCALI.COM	\$ _____	_____	\$ _____
61.171. YOUFITCALIFORNIA.COM	\$ _____	_____	\$ _____
61.172. YOUFITCALIFORNIA.NET	\$ _____	_____	\$ _____
61.173. YOUFITCOLORADO.COM	\$ _____	_____	\$ _____
61.174. YOUFITEXPRESS.COM	\$ _____	_____	\$ _____
61.175. YOUFITEXPRESS.NET	\$ _____	_____	\$ _____
61.176. YOUFITEXPRESS.ORG	\$ _____	_____	\$ _____
61.177. YOUFITFLORIDA.COM	\$ _____	_____	\$ _____
61.178. YOUFITFRANCHISE.COM	\$ _____	_____	\$ _____
61.179. YOUFITFRANCHISE.NET	\$ _____	_____	\$ _____
61.180. YOUFITFRANCHISE.ORG	\$ _____	_____	\$ _____
61.181. YOUFITGEORGIA.COM	\$ _____	_____	\$ _____
61.182. YOUFITGETFIT.COM	\$ _____	_____	\$ _____
61.183. YOUFITGETFITNESS.COM	\$ _____	_____	\$ _____
61.184. YOUFITGYM.CO	\$ _____	_____	\$ _____
61.185. YOUFITGYM.COM	\$ _____	_____	\$ _____
61.186. YOUFITGYMS.CO	\$ _____	_____	\$ _____
61.187. YOUFITGYMS.COM	\$ _____	_____	\$ _____
61.188. YOUFITHEALTHCLUB.CO	\$ _____	_____	\$ _____
61.189. YOUFITHEALTHCLUBS.CO	\$ _____	_____	\$ _____
61.190. YOUFITHEALTHCLUBS.XXX	\$ _____	_____	\$ _____
61.191. YOUFITKENTUCKY.COM	\$ _____	_____	\$ _____
61.192. YOUFITLOUISIANA.COM	\$ _____	_____	\$ _____
61.193. YOUFITMAX.COM	\$ _____	_____	\$ _____
61.194. YOUFITMAX.INFO	\$ _____	_____	\$ _____
61.195. YOUFITMAX.NET	\$ _____	_____	\$ _____
61.196. YOUFITMAX.ORG	\$ _____	_____	\$ _____

Debtor **YouFit Health Clubs, LLC**Case number (if known) **20-12841****61. Internet domain names and websites**

	Net book value of debtor's interest	Valuation method	Current value of debtor's interest
61.197. YOUFITMISS.COM	\$ _____	_____	\$ _____
61.198. YOUFITMISSISSIPPI.COM	\$ _____	_____	\$ _____
61.199. YOUFITNEWS.COM	\$ _____	_____	\$ _____
61.200. YOUFITNEWS.INFO	\$ _____	_____	\$ _____
61.201. YOUFITNEWS.NET	\$ _____	_____	\$ _____
61.202. YOUFITNEWS.ORG	\$ _____	_____	\$ _____
61.203. YOUFITNOLA.COM	\$ _____	_____	\$ _____
61.204. YOUFITNOLA.NET	\$ _____	_____	\$ _____
61.205. YOUFITOKLAHOMA.COM	\$ _____	_____	\$ _____
61.206. YOUFITONLINE.COM	\$ _____	_____	\$ _____
61.207. YOUFITRHODEISLAND.COM	\$ _____	_____	\$ _____
61.208. YOUFITTENNESSEE.COM	\$ _____	_____	\$ _____
61.209. YOUFITTEXAS.COM	\$ _____	_____	\$ _____
61.210. YOUFITVIRGINIA.COM	\$ _____	_____	\$ _____
61.211. YOUFITWEAR.COM	\$ _____	_____	\$ _____
61.212. YOUFITWEAR.INFO	\$ _____	_____	\$ _____
61.213. YOUFITWEAR.NET	\$ _____	_____	\$ _____
61.214. YOUFITWEAR.ORG	\$ _____	_____	\$ _____
61.215. YOUFITYOUCOACH.COM	\$ _____	_____	\$ _____
61.216. YOURYOUCOACH.COM	\$ _____	_____	\$ _____

62. Licenses, franchises, and royalties

62.1. _____	\$ _____	_____	\$ _____
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63. Customer lists, mailing lists, or other compilations

63.1. MEMBERSHIP LISTS, FILES, AND ACCOUNTS, MEMBERSHIP AGREEMENTS, RECURRING SERVICES AGREEMENTS, AND PERSONALLY IDENTIFIABLE INFORMATION OF MEMBERS.	UNDETERMINED	_____	UNDETERMINED
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64. Other intangibles, or intellectual property

64.1. _____	\$ _____	_____	\$ _____
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65. Goodwill

65.1. GOODWILL	\$202,262.40	_____	UNDETERMINED
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66. Total of part 10

Add lines 60 through 65. Copy the total to line 89.

UNDETERMINED

67. Do your lists or records include personally identifiable information of customers (as defined in 11 U.S.C. §§ 101(41A) and 107)?☐ No☒ Yes**68. Is there an amortization or other similar schedule available for any of the property listed in Part 10?**☐ No☒ Yes

Debtor **YouFit Health Clubs, LLC**Case number (if known) **20-12841****69. Has any of the property listed in Part 10 been appraised by a professional within the last year?**☒ No☐ Yes**Part 11: All other assets****70. Does the debtor own any other assets that have not yet been reported on this form?**

Include all interests in executory contracts and unexpired leases not previously reported on this form.

☐ No. Go to Part 12.☒ Yes. Fill in the information below.**Current value of
debtor's interest****71. Notes receivable**

Description (include name of obligor)	Total face amount	Doubtful or uncollectible amount	Current value of debtor's interest
71.1. _____	\$ _____	- \$ _____ = →	\$ _____

72. Tax refunds and unused net operating losses (NOLs)

Description (for example, federal, state, local)	Tax refund amount	NOL amount	Tax year	Current value of debtor's interest
72.1. CITY OF PHILADELPHIA	\$308.00	\$ _____	2019	\$308.00
72.2. STATE OF KENTUCKY	\$341.00	\$ _____	2019	\$341.00
72.3. STATE OF RHODE ISLAND	\$4,893.00	\$ _____	2019	\$4,893.00

73. Interests in insurance policies or annuities

Insurance company	Insurance policy No.	Annuity issuer name	Annuity account type	Annuity account No.	Current value of debtor's interest
73.1. GREAT AMERICAN INSURANCE GROUP	PROPERTY INSURANCE - POLICY NO. MAC 309-60-88-01	_____	_____	_____	UNDETERMINED
73.2. GREAT AMERICAN INSURANCE GROUP	GENERAL LIABILITY AND PROPERTY INSURANCE - POLICY NO. PAC 073-81-86-06	_____	_____	_____	UNDETERMINED
73.3. GREAT AMERICAN INSURANCE GROUP	UMBRELLA INSURANCE - POLICY NO. UMB 0738187 06	_____	_____	_____	UNDETERMINED
73.4. U.S. SPECIALTY INSURANCE COMPANY	D&O INSURANCE - POLICY NO. 14-MGU-20-A49049	_____	_____	_____	UNDETERMINED
73.5. SCOTTSDALE INSURANCE COMPANY	PROPERTY (VACANT) INSURANCE - POLICY NO. CPS7092438	_____	_____	_____	UNDETERMINED
73.6. MOUNT VERNON FIRE INS. CO.	PROPERTY (VACANT) INSURANCE - POLICY NO. CP 2636179	_____	_____	_____	UNDETERMINED

Debtor **YouFit Health Clubs, LLC**Case number (if known) **20-12841**

73.7.	TRAVELERS (CHARTER OAK INS. CO.)	WORKERS COMPENSATION INSURANCE - POLICY NO. UB-3L141685	_____	_____	_____	UNDETERMINED
73.8.	UNITED STATES LIABILITY INSURANCE COMPANY	PROPERTY (VACANT) INSURANCE - POLICY NO. CP 1726145	_____	_____	_____	UNDETERMINED
73.9.	UNITED STATES LIABILITY INSURANCE COMPANY	PROPERTY (VACANT) INSURANCE - POLICY NO. CP 2636193	_____	_____	_____	UNDETERMINED

74. Causes of action against third parties (whether or not a lawsuit has been filed)

		Nature of claim	Amount requested	Current value of debtor's interest
74.1.	MANATEE INVESTMENTS III, LLC AND AGUA CALIENTE INVESTMENTS III, LLC V YF PARADISE SQUARE, LLC (TENANT)	COUNTER-CLAIM	UNDETERMINED	UNDETERMINED

75. Other contingent and unliquidated claims or causes of action of every nature, including counterclaims of the debtor and rights to set off claims

	Nature of claim	Amount requested	Current value of debtor's interest
75.1.	_____	\$ _____	\$ _____

76. Trusts, equitable or future interests in property

76.1.	_____	\$ _____
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77. Other property of any kind not already listed

Examples: Season tickets, country club membership

77.1.	INTERCOMPANY RECEIVABLE DUE FROM B-FIT HEALTH CLUB, LLC	UNDETERMINED
77.2.	INTERCOMPANY RECEIVABLE DUE FROM FIVE B-FIT, LLC	UNDETERMINED
77.3.	INTERCOMPANY RECEIVABLE DUE FROM FOUR B-FIT, LLC	UNDETERMINED
77.4.	INTERCOMPANY RECEIVABLE DUE FROM LIME TIME, LLC	UNDETERMINED
77.5.	INTERCOMPANY RECEIVABLE DUE FROM SEVEN B-FIT, LLC	UNDETERMINED
77.6.	INTERCOMPANY RECEIVABLE DUE FROM SIX B-FIT, LLC	UNDETERMINED
77.7.	INTERCOMPANY RECEIVABLE DUE FROM SOUTH FLORIDA HEALTH AND FITNESS, INC.	UNDETERMINED
77.8.	INTERCOMPANY RECEIVABLE DUE FROM THREE B-FIT, LLC	UNDETERMINED
77.9.	INTERCOMPANY RECEIVABLE DUE FROM YF ADMIN, LLC	UNDETERMINED
77.10.	INTERCOMPANY RECEIVABLE DUE FROM YF ARIZONA LLC	UNDETERMINED
77.11.	INTERCOMPANY RECEIVABLE DUE FROM YF AURORA, LLC	UNDETERMINED
77.12.	INTERCOMPANY RECEIVABLE DUE FROM YF BETHANNY, LLC	UNDETERMINED
77.13.	INTERCOMPANY RECEIVABLE DUE FROM YF BETHANY TOWNE CENTER, LLC	UNDETERMINED
77.14.	INTERCOMPANY RECEIVABLE DUE FROM YF BOYNTON MALL, LLC	UNDETERMINED
77.15.	INTERCOMPANY RECEIVABLE DUE FROM YF BUFORD, LLC	UNDETERMINED
77.16.	INTERCOMPANY RECEIVABLE DUE FROM YF CACTUS VILLAGE, LLC	UNDETERMINED
77.17.	INTERCOMPANY RECEIVABLE DUE FROM YF CARROLLWOOD, LLC	UNDETERMINED

Debtor	YouFit Health Clubs, LLC	Case number (if known) 20-12841
77.18.	INTERCOMPANY RECEIVABLE DUE FROM YF CHANDLER SOUTH, LLC	UNDETERMINED
77.19.	INTERCOMPANY RECEIVABLE DUE FROM YF CONCORD, LLC	UNDETERMINED
77.20.	INTERCOMPANY RECEIVABLE DUE FROM YF CORAL WAY II, LLC	UNDETERMINED
77.21.	INTERCOMPANY RECEIVABLE DUE FROM YF CORAL WAY, LLC	UNDETERMINED
77.22.	INTERCOMPANY RECEIVABLE DUE FROM YF DANIA POINTE LLC	UNDETERMINED
77.23.	INTERCOMPANY RECEIVABLE DUE FROM YF DEERFIELD, LLC	UNDETERMINED
77.24.	INTERCOMPANY RECEIVABLE DUE FROM YF DOUGLASVILLE, LLC	UNDETERMINED
77.25.	INTERCOMPANY RECEIVABLE DUE FROM YF DULUTH, LLC	UNDETERMINED
77.26.	INTERCOMPANY RECEIVABLE DUE FROM YF DUNWOODY, LLC	UNDETERMINED
77.27.	INTERCOMPANY RECEIVABLE DUE FROM YF EAST FOWLER, LLC	UNDETERMINED
77.28.	INTERCOMPANY RECEIVABLE DUE FROM YF ETHAN, LLC	UNDETERMINED
77.29.	INTERCOMPANY RECEIVABLE DUE FROM YF FLAGLER LLC	UNDETERMINED
77.30.	INTERCOMPANY RECEIVABLE DUE FROM YF FULTON RANCH, LLC	UNDETERMINED
77.31.	INTERCOMPANY RECEIVABLE DUE FROM YF GATEWAY, LLC	UNDETERMINED
77.32.	INTERCOMPANY RECEIVABLE DUE FROM YF GERMANTOWN, LLC	UNDETERMINED
77.33.	INTERCOMPANY RECEIVABLE DUE FROM YF GILBERT NORTH, LLC	UNDETERMINED
77.34.	INTERCOMPANY RECEIVABLE DUE FROM YF GILBERT SOUTH, LLC	UNDETERMINED
77.35.	INTERCOMPANY RECEIVABLE DUE FROM YF GILBERT, LLC	UNDETERMINED
77.36.	INTERCOMPANY RECEIVABLE DUE FROM YF GLENDALE, LLC	UNDETERMINED
77.37.	INTERCOMPANY RECEIVABLE DUE FROM YF GREENACRES, LLC	UNDETERMINED
77.38.	INTERCOMPANY RECEIVABLE DUE FROM YF GROUP A, LLC	UNDETERMINED
77.39.	INTERCOMPANY RECEIVABLE DUE FROM YF HAMMOCK LLC	UNDETERMINED
77.40.	INTERCOMPANY RECEIVABLE DUE FROM YF HANCOCK, LLC	UNDETERMINED
77.41.	INTERCOMPANY RECEIVABLE DUE FROM YF HIALEAH, LLC	UNDETERMINED
77.42.	INTERCOMPANY RECEIVABLE DUE FROM YF HIALEAH-OKEECHOBEE RD., LLC	UNDETERMINED
77.43.	INTERCOMPANY RECEIVABLE DUE FROM YF HOLLYWOOD, LLC	UNDETERMINED
77.44.	INTERCOMPANY RECEIVABLE DUE FROM YF HORIZON, LLC	UNDETERMINED
77.45.	INTERCOMPANY RECEIVABLE DUE FROM YF HUNTSVILLE, LLC	UNDETERMINED
77.46.	INTERCOMPANY RECEIVABLE DUE FROM YF KENDALL, LLC	UNDETERMINED
77.47.	INTERCOMPANY RECEIVABLE DUE FROM YF KILLIAN, LLC	UNDETERMINED
77.48.	INTERCOMPANY RECEIVABLE DUE FROM YF LAFAYETTE PLACE, LLC	UNDETERMINED
77.49.	INTERCOMPANY RECEIVABLE DUE FROM YF LAGO MAR, LLC	UNDETERMINED
77.50.	INTERCOMPANY RECEIVABLE DUE FROM YF LAND O LAKES, LLC	UNDETERMINED
77.51.	INTERCOMPANY RECEIVABLE DUE FROM YF LANTANA, LLC	UNDETERMINED
77.52.	INTERCOMPANY RECEIVABLE DUE FROM YF LARGO PLAZA LLC	UNDETERMINED
77.53.	INTERCOMPANY RECEIVABLE DUE FROM YF LAUDERDALE LAKES, LLC	UNDETERMINED
77.54.	INTERCOMPANY RECEIVABLE DUE FROM YF LAUDERHILL, LLC	UNDETERMINED
77.55.	INTERCOMPANY RECEIVABLE DUE FROM YF LOCH RAVEN LLC	UNDETERMINED
77.56.	INTERCOMPANY RECEIVABLE DUE FROM YF LYNNWOOD, LLC	UNDETERMINED
77.57.	INTERCOMPANY RECEIVABLE DUE FROM YF MARGATE, LLC	UNDETERMINED
77.58.	INTERCOMPANY RECEIVABLE DUE FROM YF MESA, LLC	UNDETERMINED

Debtor	YouFit Health Clubs, LLC	Case number (if known) 20-12841
77.59.	INTERCOMPANY RECEIVABLE DUE FROM YF MESQUITE, LLC	UNDETERMINED
77.60.	INTERCOMPANY RECEIVABLE DUE FROM YF MIAMI 110TH LLC	UNDETERMINED
77.61.	INTERCOMPANY RECEIVABLE DUE FROM YF MIAMI GARDENS, LLC	UNDETERMINED
77.62.	INTERCOMPANY RECEIVABLE DUE FROM YF MOUNT CLARE, LLC	UNDETERMINED
77.63.	INTERCOMPANY RECEIVABLE DUE FROM YF MURRIETA, LLC	UNDETERMINED
77.64.	INTERCOMPANY RECEIVABLE DUE FROM YF NEW PORT RICHEY, LLC	UNDETERMINED
77.65.	INTERCOMPANY RECEIVABLE DUE FROM YF NOLES, LLC	UNDETERMINED
77.66.	INTERCOMPANY RECEIVABLE DUE FROM YF NORTH LAUDERDALE, LLC	UNDETERMINED
77.67.	INTERCOMPANY RECEIVABLE DUE FROM YF NORTH POINT, LLC	UNDETERMINED
77.68.	INTERCOMPANY RECEIVABLE DUE FROM YF NORTH PORT, LLC	UNDETERMINED
77.69.	INTERCOMPANY RECEIVABLE DUE FROM YF OAK HILL, LLC	UNDETERMINED
77.70.	INTERCOMPANY RECEIVABLE DUE FROM YF OKEECHOBEE, LLC	UNDETERMINED
77.71.	INTERCOMPANY RECEIVABLE DUE FROM YF OLNEY, LLC	UNDETERMINED
77.72.	INTERCOMPANY RECEIVABLE DUE FROM YF PALM BAY, LLC	UNDETERMINED
77.73.	INTERCOMPANY RECEIVABLE DUE FROM YF PARADISE SQUARE LLC	UNDETERMINED
77.74.	INTERCOMPANY RECEIVABLE DUE FROM YF PARKLAND, LLC	UNDETERMINED
77.75.	INTERCOMPANY RECEIVABLE DUE FROM YF PINE ISLAND, LLC	UNDETERMINED
77.76.	INTERCOMPANY RECEIVABLE DUE FROM YF PINES BOULEVARD, LLC	UNDETERMINED
77.77.	INTERCOMPANY RECEIVABLE DUE FROM YF POMPAHO, LLC	UNDETERMINED
77.78.	INTERCOMPANY RECEIVABLE DUE FROM YF PORT CHARLOTTE, LLC	UNDETERMINED
77.79.	INTERCOMPANY RECEIVABLE DUE FROM YF QUAIL ROOST, LLC	UNDETERMINED
77.80.	INTERCOMPANY RECEIVABLE DUE FROM YF RACETRACK, LLC	UNDETERMINED
77.81.	INTERCOMPANY RECEIVABLE DUE FROM YF RANDALLSTOWN, LLC	UNDETERMINED
77.82.	INTERCOMPANY RECEIVABLE DUE FROM YF RHODE ISLAND, LLC	UNDETERMINED
77.83.	INTERCOMPANY RECEIVABLE DUE FROM YF RIVERDALE, LLC	UNDETERMINED
77.84.	INTERCOMPANY RECEIVABLE DUE FROM YF ROCKWELL, LLC	UNDETERMINED
77.85.	INTERCOMPANY RECEIVABLE DUE FROM YF SANDALFOOT, LLC	UNDETERMINED
77.86.	INTERCOMPANY RECEIVABLE DUE FROM YF SCOTTSDALE, LLC	UNDETERMINED
77.87.	INTERCOMPANY RECEIVABLE DUE FROM YF SE FLA, LLC	UNDETERMINED
77.88.	INTERCOMPANY RECEIVABLE DUE FROM YF SHEA, LLC	UNDETERMINED
77.89.	INTERCOMPANY RECEIVABLE DUE FROM YF SHELBY, LLC	UNDETERMINED
77.90.	INTERCOMPANY RECEIVABLE DUE FROM YF SHILOH, LLC	UNDETERMINED
77.91.	INTERCOMPANY RECEIVABLE DUE FROM YF SINGLETON, LLC	UNDETERMINED
77.92.	INTERCOMPANY RECEIVABLE DUE FROM YF SOUTHAVEN, LLC	UNDETERMINED
77.93.	INTERCOMPANY RECEIVABLE DUE FROM YF SPRING CREEK, LLC	UNDETERMINED
77.94.	INTERCOMPANY RECEIVABLE DUE FROM YF SUWANEE, LLC	UNDETERMINED
77.95.	INTERCOMPANY RECEIVABLE DUE FROM YF TAMARAC LLC	UNDETERMINED
77.96.	INTERCOMPANY RECEIVABLE DUE FROM YF THORNTON PLAZA, LLC	UNDETERMINED
77.97.	INTERCOMPANY RECEIVABLE DUE FROM YF TOWN CENTER, LLC	UNDETERMINED
77.98.	INTERCOMPANY RECEIVABLE DUE FROM YF UNIGOLD, LLC	UNDETERMINED
77.99.	INTERCOMPANY RECEIVABLE DUE FROM YF UNIVERSITY VILLAGE, LLC	UNDETERMINED

Debtor **YouFit Health Clubs, LLC**Case number (if known) **20-12841**

77.100. INTERCOMPANY RECEIVABLE DUE FROM YF VENICE, LLC	UNDETERMINED
77.101. INTERCOMPANY RECEIVABLE DUE FROM YF WELLINGTON, LLC	UNDETERMINED
77.102. INTERCOMPANY RECEIVABLE DUE FROM YF WEST BRANDON, LLC	UNDETERMINED
77.103. INTERCOMPANY RECEIVABLE DUE FROM YF WEST COBB, LLC	UNDETERMINED
77.104. INTERCOMPANY RECEIVABLE DUE FROM YF WEST VALLEY, LLC	UNDETERMINED
77.105. INTERCOMPANY RECEIVABLE DUE FROM YF WESTON, LLC	UNDETERMINED
77.106. INTERCOMPANY RECEIVABLE DUE FROM YOU FIT CRYOSKIN, LLC	UNDETERMINED
77.107. INTERCOMPANY RECEIVABLE DUE FROM YOU FIT EIGHT, LLC	UNDETERMINED
77.108. INTERCOMPANY RECEIVABLE DUE FROM YOU FIT ENTERPRISES, LLC	UNDETERMINED
77.109. INTERCOMPANY RECEIVABLE DUE FROM YOU FIT FIVE, LLC	UNDETERMINED
77.110. INTERCOMPANY RECEIVABLE DUE FROM YOU FIT FOUR, LLC	UNDETERMINED
77.111. INTERCOMPANY RECEIVABLE DUE FROM YOU FIT NINE, LLC	UNDETERMINED
77.112. INTERCOMPANY RECEIVABLE DUE FROM YOU FIT PINELLAS PARK, LLC	UNDETERMINED
77.113. INTERCOMPANY RECEIVABLE DUE FROM YOU FIT SEVEN, LLC	UNDETERMINED
77.114. INTERCOMPANY RECEIVABLE DUE FROM YOU FIT SIX, LLC	UNDETERMINED
77.115. INTERCOMPANY RECEIVABLE DUE FROM YOU FIT SPA, LLC	UNDETERMINED
77.116. INTERCOMPANY RECEIVABLE DUE FROM YOU FIT, LLC	UNDETERMINED
77.117. INTERCOMPANY RECEIVABLE DUE FROM YOU FIT-ONE, LLC	UNDETERMINED
77.118. INTERCOMPANY RECEIVABLE DUE FROM YOU FIT-THREE, LLC	UNDETERMINED
77.119. INTERCOMPANY RECEIVABLE DUE FROM YOU FIT-TWO, LLC	UNDETERMINED

78. Total of part 11

Add lines 71 through 77. Copy the total to line 90.

\$5,542.00

79. Has any of the property listed in Part 11 been appraised by a professional within the last year?☒ No☐ Yes

Debtor **YouFit Health Clubs, LLC**Case number (if known) **20-12841****Part 12: Summary**

In Part 12 copy all of the totals from the earlier parts of the form.

Type of property	Current value of personal property	Current value of real property
80. Cash, cash equivalents, and financial assets. <i>Copy line 5, Part 1.</i>	\$3,799,821.60	
81. Deposits and prepayments. <i>Copy line 9, Part 2.</i>	\$1,307,726.01	
82. Accounts receivable. <i>Copy line 12, Part 3.</i>	\$1,132,111.11	
83. Investments. <i>Copy line 17, Part 4.</i>	UNDETERMINED	
84. Inventory. <i>Copy line 23, Part 5.</i>	\$245,856.97	
85. Farming and fishing-related assets. <i>Copy line 33, Part 6.</i>	\$0.00	
86. Office furniture, fixtures, and equipment; and collectibles. <i>Copy line 43, Part 7.</i>	\$1,863,561.23	
87. Machinery, equipment, and vehicles. <i>Copy line 51, Part 8.</i>	\$9,262,851.61	
88. Real property. <i>Copy line 56, Part 9.</i>	→	UNDETERMINED
89. Intangibles and intellectual property. <i>Copy line 66, Part 10.</i>	UNDETERMINED	
90. All other assets. <i>Copy line 78, Part 11.</i>	+ \$5,542.00	
91. Total. Add lines 80 through 90 for each column.91a.	\$17,617,470.53	+ 91b. UNDETERMINED
92. Total of all property on Schedule A/B. Lines 91a + 91b = 92.		\$17,617,470.53

Fill in this information to identify the case:**Debtor name:** YouFit Health Clubs, LLC**United States Bankruptcy Court for the:** District of Delaware**Case number (if known):** 20-12841☐ Check if this is an amended filingOfficial Form 206D**Schedule D: Creditors Who Have Claims Secured by Property**

12/15

Be as complete and accurate as possible.

1. Do any creditors have claims secured by debtor's property?☐ No. Check this box and submit page 1 of this form to the court with debtor's other schedules. Debtor has nothing else to report on this form.☒ Yes. Fill in all of the information below.**Part 1: List Creditors Who Have Secured Claims****2. List in alphabetical order all creditors who have secured claims.** If a creditor has more than one secured claim, list the creditor separately for each claim.**Column A
Amount of
Claim**Do not deduct
the value of
collateral.**Column B
Value of
collateral that
supports this
claim****2.1. Creditor's name and address**BGC LENDER AND LENDERS REP
CORTLAND CAPITAL MARKET SERVICES,
LLC, AS COLLATERAL AGENT
ALTER DOMUS (US) LLC
225 W. WASHINGTON ST., 9TH FLOOR
CHICAGO IL 60606**Creditor's email address, if known**
_____**Date debt was incurred:** 4/16/2019**Last 4 digits of account number:** _____**Do multiple creditors have an interest in the same property?**☒ No☐ Yes. Have you already specified the relative priority?☐ No. Specify each creditor, including this creditor, and its relative priority.

_____☐ Yes. The relative priority of creditors is specified on lines: _____**Describe debtor's property that is subject to a lien**

ALL ASSETS

\$88,259,121.01

UNDETERMINED

Describe the lien

SENIOR SECURED LIEN

Is the creditor an insider or related party?☒ No☐ Yes**Is anyone else liable on this claim?**☐ No☒ Yes. Fill out Schedule H: Codebtors (Official Form 206H).**As of the petition filing date, the claim is:**
Check all that apply.☐ Contingent☐ Unliquidated☐ Disputed

Debtor **YouFit Health Clubs, LLC**Case number (if known) **20-12841**

3. **Total of the dollar amounts from Part 1, Column A, including the amounts from the Additional Page, if any.** **\$88,259,121.01**

Part 2: List Others to Be Notified for a Debt Already Listed in Part 1

List in alphabetical order any others who must be notified for a debt already listed in Part 1. Examples of entities that may be listed are collection agencies, assignees of claims listed above, and attorneys for secured creditors.

If no others need to be notified for the debts listed in Part 1, do not fill out or submit this page. If additional pages are needed, copy this page.

	Name and address	On which line in Part 1 did you enter the related creditor?	Last 4 digits of account number for this entity
3.1.	HOLLAND & KNIGHT PHILLIP W NELSON; JOSHUA M SPENCER; ANASTASIA M SOTIROPOULOS 150 N RIVERSIDE PLAZA STE 2700 CHICAGO IL 60606	Line 2.1	_____
3.2.	WINSTON & STRAWN GREGORY M GARTLAND 200 PARK AVENUE NEW YORK NY 10166	Line 2.1	_____
3.3.	WINSTON & STRAWN LLP CAREY D SCHREIBER 200 PARK AVENUE NEW YORK NY 10166	Line 2.1	_____
3.4.	WINSTON & STRAWN LLP MICHAEL T LEARY 333 SOUTH GRAND AVE., 38TH FLOOR LOS ANGELES CA 90071	Line 2.1	_____
3.5.	YOUNG CONAWAY STARGATT & TAYLOR LLP JOSEPH M BARRY; ANDREW L MAGAZINER; JOSEPH M MULVIHILL 1000 NORTH KING ST WILMINGTON DE 19801	Line 2.1	_____

Fill in this information to identify the case:**Debtor name:** YouFit Health Clubs, LLC**United States Bankruptcy Court for the:** District of Delaware**Case number (if known):** 20-12841☐ Check if this is an amended filing

Official Form 206E/F

Schedule E/F: Creditors Who Have Unsecured Claims

12/15

Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY unsecured claims and Part 2 for creditors with NONPRIORITY unsecured claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on *Schedule A/B: Assets - Real and Personal Property* (Official Form 206A/B) and on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G). Number the entries in Parts 1 and 2 in the boxes on the left. If more space is needed for Part 1 or Part 2, fill out and attach the Additional Page of that Part included in this form.

Part 1: List All Creditors with PRIORITY Unsecured Claims**1. Do any creditors have priority unsecured claims?** (See 11 U.S.C. § 507).☐ No. Go to Part 2.☒ Yes. Go to line 2.**2. List in alphabetical order all creditors who have unsecured claims that are entitled to priority in whole or in part.** If the debtor has more than 3 creditors with priority unsecured claims, fill out and attach the Additional Page of Part 1.

2.1.	Priority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i>	Total claim	Priority amount
	ADAMS COUNTY TREASURER P.O. BOX 869 BRIGHTON CO 80601-0869	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	UNKNOWN	UNKNOWN
	Date or dates debt was incurred VARIOUS	Basis for the claim: PROPERTY TAX		Nonpriority amount UNKNOWN
	Last 4 digits of account number:	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)			
2.2.	Priority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i>	Total claim	Priority amount
	ALABAMA DEPT OF REVENUE 50 N RIPLEY MONTGOMERY AL 36132	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$49.28	\$49.28
	Date or dates debt was incurred OCT 1 - NOV 8, 2020	Basis for the claim: SALES TAX		Nonpriority amount \$0.00
	Last 4 digits of account number:	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)			

Debtor **YouFit Health Clubs, LLC**Case number (if known) **20-12841**

2.3.	Priority creditor's name and mailing address ANN HARRIS BENNETT TAX ASSESSOR-COLLECTOR TAX ASSESSOR-COLLECTOR P.O. BOX 4622 HOUSTON TX 77210-4622 Date or dates debt was incurred VARIOUS Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PROPERTY TAX Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">UNKNOWN</td> </tr> </table>	Total claim	UNKNOWN	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">UNKNOWN</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">UNKNOWN</td> </tr> </table>	Priority amount	UNKNOWN	Nonpriority amount	UNKNOWN
Total claim										
UNKNOWN										
Priority amount										
UNKNOWN										
Nonpriority amount										
UNKNOWN										
2.4.	Priority creditor's name and mailing address ARAPAHOE COUNTY TREASURER 5334 S PRINCE ST. LITTLETON CO 80120-1136 Date or dates debt was incurred VARIOUS Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PROPERTY TAX Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">UNKNOWN</td> </tr> </table>	Total claim	UNKNOWN	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">UNKNOWN</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">UNKNOWN</td> </tr> </table>	Priority amount	UNKNOWN	Nonpriority amount	UNKNOWN
Total claim										
UNKNOWN										
Priority amount										
UNKNOWN										
Nonpriority amount										
UNKNOWN										
2.5.	Priority creditor's name and mailing address ARIZONA DEPT OF REVENUE EDUCATION AND COMPLIANCE ATTN: EDUCATION AND COMPLIANCE 1600 W MONROE STREET PHOENIX AZ 85007 Date or dates debt was incurred OCT 1 - NOV 8, 2020 Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: SALES TAX Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$1,648.55</td> </tr> </table>	Total claim	\$1,648.55	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$1,648.55</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$1,648.55	Nonpriority amount	\$0.00
Total claim										
\$1,648.55										
Priority amount										
\$1,648.55										
Nonpriority amount										
\$0.00										

Debtor **YouFit Health Clubs, LLC**Case number (if known) **20-12841**

2.6.	Priority creditor's name and mailing address BALTIMORE COUNTY, MD OFFICE: BUDGET & FINANCE 400 WASHINGTON AVE, ROOM 152 TOWSON MD 21204-4665 Date or dates debt was incurred VARIOUS Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PROPERTY TAX Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Total claim UNKNOWN	Priority amount UNKNOWN <div style="background-color: #d3d3d3; text-align: center; padding: 2px;"> Nonpriority amount UNKNOWN </div>
2.7.	Priority creditor's name and mailing address BROWARD CNTY TAX COLLECTOR 115 S ANDREWS AVE #A100 FORT LAUDERDALE FL 33301-1895 Date or dates debt was incurred VARIOUS Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PROPERTY TAX Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Total claim UNKNOWN	Priority amount UNKNOWN <div style="background-color: #d3d3d3; text-align: center; padding: 2px;"> Nonpriority amount UNKNOWN </div>
2.8.	Priority creditor's name and mailing address CHARLES W. THOMAS, PINELLAS CNTY TAX COLLECTOR PINELLAS COUNTY TAX COLLECTOR P. O. BOX 6340 CLEARWATER, FL 33758 Date or dates debt was incurred VARIOUS Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PROPERTY TAX Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Total claim UNKNOWN	Priority amount UNKNOWN <div style="background-color: #d3d3d3; text-align: center; padding: 2px;"> Nonpriority amount UNKNOWN </div>

Debtor **YouFit Health Clubs, LLC**Case number (if known) **20-12841**

2.9.	Priority creditor's name and mailing address CHARLOTTE CNTY TAX COLLECTOR 18500 MURDOCK CIRCLE SUTE 203 PORT CHARLOTTE FL 33948	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Total claim	Priority amount
			UNKNOWN	UNKNOWN
				Nonpriority amount
				UNKNOWN
	Date or dates debt was incurred VARIOUS	Basis for the claim: PROPERTY TAX		
	Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.10.	Priority creditor's name and mailing address CHESTERFIELD COUNTY PO BOX 26725 RICHMOND VA 23261-6725	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Total claim	Priority amount
			UNKNOWN	UNKNOWN
				Nonpriority amount
				UNKNOWN
	Date or dates debt was incurred VARIOUS	Basis for the claim: PROPERTY TAX		
	Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.11.	Priority creditor's name and mailing address CITY OF BALTIMORE MARYLAND CITY OF BALTIMORE 200 HOLLIDAY STREET BALTIMORE MD 21202-3618	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Total claim	Priority amount
			UNKNOWN	UNKNOWN
				Nonpriority amount
				UNKNOWN
	Date or dates debt was incurred VARIOUS	Basis for the claim: PROPERTY TAX		
	Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor **YouFit Health Clubs, LLC**Case number (if known) **20-12841**

2.12.	Priority creditor's name and mailing address CITY OF GARLAND COREY WORSHAM RTA PO BOX 462010 GARLAND TX 75046-2020 Date or dates debt was incurred VARIOUS Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PROPERTY TAX Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Total claim UNKNOWN	Priority amount UNKNOWN Nonpriority amount UNKNOWN
2.13.	Priority creditor's name and mailing address CITY OF MESQUITE TAX OFFICE 757 N. GALLOWAY AVENUE MESQUITE TX 75149 Date or dates debt was incurred VARIOUS Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PROPERTY TAX Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Total claim UNKNOWN	Priority amount UNKNOWN Nonpriority amount UNKNOWN
2.14.	Priority creditor's name and mailing address CITY OF SUWANEE 330 TOWN CENTER AVE SUWANEE GA 30024 Date or dates debt was incurred VARIOUS Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PROPERTY TAX Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Total claim UNKNOWN	Priority amount UNKNOWN Nonpriority amount UNKNOWN

Debtor **YouFit Health Clubs, LLC**Case number (if known) **20-12841**

2.15.	Priority creditor's name and mailing address CLAYTON COUNTY TAX COMMISSIONER 121 S MCDONOUGH STREET JONESBORO, GA 30236 Date or dates debt was incurred VARIOUS Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PROPERTY TAX Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Total claim UNKNOWN	Priority amount UNKNOWN Nonpriority amount UNKNOWN
2.16.	Priority creditor's name and mailing address COBB COUNTY PO BOX 100127 MARIETTA GA 30061-7027 Date or dates debt was incurred VARIOUS Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PROPERTY TAX Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Total claim UNKNOWN	Priority amount UNKNOWN Nonpriority amount UNKNOWN
2.17.	Priority creditor's name and mailing address DALLAS COUNTY TAX OFFICE COLLECTOR DALLAS COUNTY TAX OFFICE P.O. BOX 139066 DALLAS TX 75313-9066 Date or dates debt was incurred VARIOUS Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PROPERTY TAX Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Total claim UNKNOWN	Priority amount UNKNOWN Nonpriority amount UNKNOWN

Debtor **YouFit Health Clubs, LLC**Case number (if known) **20-12841**

2.18.	Priority creditor's name and mailing address DALLAS COUNTY TAX OFFICE - ADD'L (RE TAXES) COLLECTOR DALLAS COUNTY TAX OFFICE P.O. BOX 139066 DALLAS TX 75313-9066	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<table border="1" style="width: 100%;"><tr><td>Total claim</td></tr><tr><td>UNKNOWN</td></tr></table>	Total claim	UNKNOWN	<table border="1" style="width: 100%;"><tr><td>Priority amount</td></tr><tr><td>UNKNOWN</td></tr></table>	Priority amount	UNKNOWN
Total claim								
UNKNOWN								
Priority amount								
UNKNOWN								
	Date or dates debt was incurred VARIOUS	Basis for the claim: PROPERTY TAX		<table border="1" style="width: 100%;"><tr><td>Nonpriority amount</td></tr><tr><td>UNKNOWN</td></tr></table>	Nonpriority amount	UNKNOWN		
Nonpriority amount								
UNKNOWN								
	Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes						
2.19.	Priority creditor's name and mailing address DESOTO COUNTY TAX COLLECTOR JOEY TREADWAY 365 LOSHER ST #110 HERNANDO MS 38632	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<table border="1" style="width: 100%;"><tr><td>Total claim</td></tr><tr><td>UNKNOWN</td></tr></table>	Total claim	UNKNOWN	<table border="1" style="width: 100%;"><tr><td>Priority amount</td></tr><tr><td>UNKNOWN</td></tr></table>	Priority amount	UNKNOWN
Total claim								
UNKNOWN								
Priority amount								
UNKNOWN								
	Date or dates debt was incurred VARIOUS	Basis for the claim: PROPERTY TAX		<table border="1" style="width: 100%;"><tr><td>Nonpriority amount</td></tr><tr><td>UNKNOWN</td></tr></table>	Nonpriority amount	UNKNOWN		
Nonpriority amount								
UNKNOWN								
	Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes						
2.20.	Priority creditor's name and mailing address DORIS MALOY, TAX COLLECTOR P.O. BOX 1835 TALLAHASSEE FL 32302-1835	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<table border="1" style="width: 100%;"><tr><td>Total claim</td></tr><tr><td>UNKNOWN</td></tr></table>	Total claim	UNKNOWN	<table border="1" style="width: 100%;"><tr><td>Priority amount</td></tr><tr><td>UNKNOWN</td></tr></table>	Priority amount	UNKNOWN
Total claim								
UNKNOWN								
Priority amount								
UNKNOWN								
	Date or dates debt was incurred VARIOUS	Basis for the claim: PROPERTY TAX		<table border="1" style="width: 100%;"><tr><td>Nonpriority amount</td></tr><tr><td>UNKNOWN</td></tr></table>	Nonpriority amount	UNKNOWN		
Nonpriority amount								
UNKNOWN								
	Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes						

Debtor **YouFit Health Clubs, LLC**Case number (if known) **20-12841**

2.21.	Priority creditor's name and mailing address DOUG BELDEN, TAX COLLECTOR (HILLSBOROUGH CNTY TAX COLLECTOR) PO BOX 30012 TAMPA FL 33630-3012 Date or dates debt was incurred VARIOUS Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PROPERTY TAX Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Total claim UNKNOWN	Priority amount UNKNOWN <div style="background-color: #f0f0f0; padding: 2px;">Nonpriority amount</div> UNKNOWN
2.22.	Priority creditor's name and mailing address DUVAL COUNTY TAX COLLECTOR MICHAEL CORRIGAN PO BOX 44009 JACKSONVILLE FL 32231-4009 Date or dates debt was incurred VARIOUS Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PROPERTY TAX Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Total claim UNKNOWN	Priority amount UNKNOWN <div style="background-color: #f0f0f0; padding: 2px;">Nonpriority amount</div> UNKNOWN
2.23.	Priority creditor's name and mailing address FLORIDA DEPT OF REVENUE MARSANNE PETTY - LAKE CITY SERVICE CENTER 1415 W US HWY 90 STE 115 LAKE CITY FL 32055 Date or dates debt was incurred OCT 1 - NOV 8, 2020 Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: SALES TAX Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Total claim \$294,014.40	Priority amount \$294,014.40 <div style="background-color: #f0f0f0; padding: 2px;">Nonpriority amount</div> \$0.00

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2.24.	Priority creditor's name and mailing address FULTON COUNTY TAX COMMISSIONER ARTHUR E. FERDINAND P.O. BOX 105052 ATLANTA GA 30348-5052	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Total claim	Priority amount
			UNKNOWN	UNKNOWN
				Nonpriority amount
				UNKNOWN
	Date or dates debt was incurred VARIOUS	Basis for the claim: PROPERTY TAX		
	Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.25.	Priority creditor's name and mailing address GARLAND INDEPENDENT SCHOOL DIST. DENISE HOLMES, RTA P.O. BOX 461407 GARLAND TX 75046-1407	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Total claim	Priority amount
			UNKNOWN	UNKNOWN
				Nonpriority amount
				UNKNOWN
	Date or dates debt was incurred VARIOUS	Basis for the claim: PROPERTY TAX		
	Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.26.	Priority creditor's name and mailing address GEORGIA DEPT OF REVENUE P. O. BOX 740391 ATLANTA GA 30374-0391	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Total claim	Priority amount
			\$566.26	\$566.26
				Nonpriority amount
				\$0.00
	Date or dates debt was incurred OCT 1 - NOV 8, 2020	Basis for the claim: SALES TAX		
	Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

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2.27.	Priority creditor's name and mailing address GREGORY BAKER-DOUGLAS TAX COUNTY COMMISSIONER PO BOX 1177 DOUGLASVILLE GA 30133	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Total claim UNKNOWN	Priority amount UNKNOWN
	Date or dates debt was incurred VARIOUS	Basis for the claim: PROPERTY TAX		Nonpriority amount UNKNOWN
	Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.28.	Priority creditor's name and mailing address GWINNETT COUNTY TAX COMMISSIONER POST OFFICE BOX 372 LAWRENCEVILLE GA 30046	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Total claim UNKNOWN	Priority amount UNKNOWN
	Date or dates debt was incurred VARIOUS	Basis for the claim: PROPERTY TAX		Nonpriority amount UNKNOWN
	Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.29.	Priority creditor's name and mailing address JEFFERSON PARISH SHERIFF'S OFFICE SALES TAX DIVISION PO BOX 248 GRETNA LA 70054	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Total claim UNKNOWN	Priority amount UNKNOWN
	Date or dates debt was incurred VARIOUS	Basis for the claim: PROPERTY TAX		Nonpriority amount UNKNOWN
	Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

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2.30.	Priority creditor's name and mailing address JOEL M. GREENBERG, SEMINOLE COUNTY TAX COLLECTOR PO BOX 630 SANFORD FL 32772-0630 Date or dates debt was incurred VARIOUS Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PROPERTY TAX Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Total claim UNKNOWN	Priority amount UNKNOWN <div style="background-color: #d3d3d3; padding: 2px;">Nonpriority amount</div> UNKNOWN
2.31.	Priority creditor's name and mailing address JOHN POWER, TAX COLLECTOR (ALACHUA CNTY) 5830 NW 34TH BLVD GAINSVILLE FL 32653-2115 Date or dates debt was incurred VARIOUS Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PROPERTY TAX Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Total claim UNKNOWN	Priority amount UNKNOWN <div style="background-color: #d3d3d3; padding: 2px;">Nonpriority amount</div> UNKNOWN
2.32.	Priority creditor's name and mailing address KEN BURTON, JR, MANATEE COUNTY TAX COLLECTOR PO BOX 25300 BRADENTON FL 34206-5300 Date or dates debt was incurred VARIOUS Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PROPERTY TAX Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Total claim UNKNOWN	Priority amount UNKNOWN <div style="background-color: #d3d3d3; padding: 2px;">Nonpriority amount</div> UNKNOWN

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2.33.	Priority creditor's name and mailing address KENNETH L. MAUN-COLLIN COUNTY TAX COLLECTOR COLLIN COUNTY P.O. BOX 8046 MCKINNEY TX 75070-8046 Date or dates debt was incurred VARIOUS Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PROPERTY TAX Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">UNKNOWN</td> </tr> </table>	Total claim	UNKNOWN	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">UNKNOWN</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">UNKNOWN</td> </tr> </table>	Priority amount	UNKNOWN	Nonpriority amount	UNKNOWN
Total claim										
UNKNOWN										
Priority amount										
UNKNOWN										
Nonpriority amount										
UNKNOWN										
2.34.	Priority creditor's name and mailing address LOUISIANA DEPT OF REV. 900 MURRAY ST. ALEXANDRIA LA 71301 Date or dates debt was incurred OCT 1 - NOV 8, 2020 Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: SALES TAX Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$12,671.91</td> </tr> </table>	Total claim	\$12,671.91	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$12,671.91</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$12,671.91	Nonpriority amount	\$0.00
Total claim										
\$12,671.91										
Priority amount										
\$12,671.91										
Nonpriority amount										
\$0.00										
2.35.	Priority creditor's name and mailing address MADISON COUNTY TAX COLLECTOR 100 NORTH SIDE SQUARE HUNTSVILLE AL 35801-4820 Date or dates debt was incurred VARIOUS Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PROPERTY TAX Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">UNKNOWN</td> </tr> </table>	Total claim	UNKNOWN	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">UNKNOWN</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">UNKNOWN</td> </tr> </table>	Priority amount	UNKNOWN	Nonpriority amount	UNKNOWN
Total claim										
UNKNOWN										
Priority amount										
UNKNOWN										
Nonpriority amount										
UNKNOWN										

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2.36.	Priority creditor's name and mailing address MARICOPA COUNTY TREASURER P. O. BOX 52133 PHOENIX AZ 85072-2133 Date or dates debt was incurred VARIOUS Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PROPERTY TAX Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Total claim UNKNOWN	Priority amount UNKNOWN Nonpriority amount UNKNOWN
2.37.	Priority creditor's name and mailing address MARICOPA COUNTY TREASURER (RE TAXES) P. O. BOX 52133 PHOENIX AZ 85072-2133 Date or dates debt was incurred VARIOUS Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PROPERTY TAX Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Total claim UNKNOWN	Priority amount UNKNOWN Nonpriority amount UNKNOWN
2.38.	Priority creditor's name and mailing address MARYLAND DEPT. OF REVENUE PO BOX 8888 ANNAPOLIS MD 21401 Date or dates debt was incurred OCT 1 - NOV 8, 2020 Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: SALES TAX Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Total claim \$244.16	Priority amount \$244.16 Nonpriority amount \$0.00

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2.39.	Priority creditor's name and mailing address MIAMI-DADE CNTY TAX COLLECTOR 140 W FLAGER ST 14TH FLOOR MIAMI FL 33130 Date or dates debt was incurred VARIOUS Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PROPERTY TAX Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Total claim UNKNOWN	Priority amount UNKNOWN Nonpriority amount UNKNOWN
2.40.	Priority creditor's name and mailing address MIAMI-DADE CNTY TAX COLLECTOR (2ND AVE) 200 NW 2ND AVENUE MIAMI FL 33128 Date or dates debt was incurred VARIOUS Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PROPERTY TAX Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Total claim UNKNOWN	Priority amount UNKNOWN Nonpriority amount UNKNOWN
2.41.	Priority creditor's name and mailing address MIAMI-DADE TAX COLLECTOR? 140 W FLAGER ST 14TH FLOOR MIAMI FL 33130 Date or dates debt was incurred VARIOUS Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PROPERTY TAX Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Total claim UNKNOWN	Priority amount UNKNOWN Nonpriority amount UNKNOWN

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2.42.	Priority creditor's name and mailing address MICHELLE FRENCH-DENTON COUNTY TAX ASSESSOR MICHELLE FRENCH P.O. BOX 90223 DENTON TX 76202	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Total claim	Priority amount
			UNKNOWN	UNKNOWN
				Nonpriority amount
				UNKNOWN
	Date or dates debt was incurred VARIOUS	Basis for the claim: PROPERTY TAX		
	Last 4 digits of account number: 	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)			

2.43.	Priority creditor's name and mailing address NORTH PROVIDENCE TOWN HALL 2000 SMITH ST NORTH PROVIDENCE RI 02911	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Total claim	Priority amount
			UNKNOWN	UNKNOWN
				Nonpriority amount
				UNKNOWN
	Date or dates debt was incurred VARIOUS	Basis for the claim: PROPERTY TAX		
	Last 4 digits of account number: 	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)			

2.44.	Priority creditor's name and mailing address PASCO COUNTY TAX COLLECTOR MIKE FASANO PO BOX 276 DADE CITY FL 33526-0276	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Total claim	Priority amount
			UNKNOWN	UNKNOWN
				Nonpriority amount
				UNKNOWN
	Date or dates debt was incurred VARIOUS	Basis for the claim: PROPERTY TAX		
	Last 4 digits of account number: 	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)			

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2.45.	Priority creditor's name and mailing address PENNSYLVANIA DEPARTMENT OF REVENUE PO BOX 280504 HARRISBURG PA 17128-0504 Date or dates debt was incurred OCT 1 - NOV 8, 2020 Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: SALES TAX Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Total claim \$67.98	Priority amount \$67.98 Nonpriority amount \$0.00
2.46.	Priority creditor's name and mailing address RICHARDSON ISD TAX OFFICE - RISD 420 S GREENVILLE AVE RICHARDSON TX 75081 Date or dates debt was incurred VARIOUS Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PROPERTY TAX Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Total claim UNKNOWN	Priority amount UNKNOWN Nonpriority amount UNKNOWN
2.47.	Priority creditor's name and mailing address RICHARDSON ISD TAX OFFICE - RISD - ADD'L (RE TAXES) 420 S GREENVILLE AVE RICHARDSON TX 75081 Date or dates debt was incurred VARIOUS Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PROPERTY TAX Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Total claim UNKNOWN	Priority amount UNKNOWN Nonpriority amount UNKNOWN

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2.48.	Priority creditor's name and mailing address SCOTT RANDOLPH, TAX COLLECTOR (ORANGE CNTY) PO BOX 545100 ORLANDO FL 32854	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Total claim UNKNOWN	Priority amount UNKNOWN
	Date or dates debt was incurred VARIOUS	Basis for the claim: PROPERTY TAX		Nonpriority amount UNKNOWN
	Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.49.	Priority creditor's name and mailing address TARRANT CNTY TAX ASSESSOR-COLLECTOR WENDY BURGESS PO BOX 861018 FORT WORTH TX 76161-0018	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Total claim UNKNOWN	Priority amount UNKNOWN
	Date or dates debt was incurred VARIOUS	Basis for the claim: PROPERTY TAX		Nonpriority amount UNKNOWN
	Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.50.	Priority creditor's name and mailing address TAX COLLECTOR BARBARA FORD-COATES (SARASOTA CNTY) BARBARA FORD-COATES 101 S WASHINGTON BLVD SARASOTA FL 34236-6993	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Total claim UNKNOWN	Priority amount UNKNOWN
	Date or dates debt was incurred VARIOUS	Basis for the claim: PROPERTY TAX		Nonpriority amount UNKNOWN
	Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

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2.51.	Priority creditor's name and mailing address TAX COLLECTOR, PALM BEACH COUNTY CONSTITUTIONAL TAX COLLECTOR PO BOX 3353 WEST PALM BEACH FL 33402-3353 Date or dates debt was incurred VARIOUS Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PROPERTY TAX Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>UNKNOWN</td> </tr> </table>	Total claim	UNKNOWN	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>UNKNOWN</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>UNKNOWN</td> </tr> </table>	Priority amount	UNKNOWN	Nonpriority amount	UNKNOWN
Total claim										
UNKNOWN										
Priority amount										
UNKNOWN										
Nonpriority amount										
UNKNOWN										
2.52.	Priority creditor's name and mailing address TEXAS DEPARTMENT OF REVENUE PO BOX 13528 AUSTIN TX 78711-3528 Date or dates debt was incurred OCT 1 - NOV 8, 2020 Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: SALES TAX Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$26,506.96</td> </tr> </table>	Total claim	\$26,506.96	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$26,506.96</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$26,506.96	Nonpriority amount	\$0.00
Total claim										
\$26,506.96										
Priority amount										
\$26,506.96										
Nonpriority amount										
\$0.00										
2.53.	Priority creditor's name and mailing address VIRGINIA DEPARTMENT OF REVENUE 1957 WESTMORELAND STREET RICHMOND VA 23230 Date or dates debt was incurred OCT 1 - NOV 8, 2020 Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: SALES TAX Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$186.17</td> </tr> </table>	Total claim	\$186.17	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$186.17</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$186.17	Nonpriority amount	\$0.00
Total claim										
\$186.17										
Priority amount										
\$186.17										
Nonpriority amount										
\$0.00										

Debtor **YouFit Health Clubs, LLC**Case number (if known) **20-12841****Part 2: List All Creditors with NONPRIORITY Unsecured Claims**

3. List in alphabetical order all of the creditors with nonpriority unsecured claims. If the debtor has more than 6 creditors with nonpriority unsecured claims, fill out and attach the Additional Page of Part 2.

3.1.	Nonpriority creditor's name and mailing address ABOVE AND BEYOND FITNESS REPAIR, LLC 2473 S HIGLEY RD STE 104-107 GILBERT AZ 85295	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Amount of claim \$80.00
	Date or dates debt was incurred VARIOUS	Basis for the claim: EQUIP REP	
	Last 4 digits of account number:	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.2.	Nonpriority creditor's name and mailing address AGUA CALIENTE INVESTMENTS III, LLC SACKS TIERNEY PA MICHAEL J HARRIS ESQ RANDY NUSSBAUM ESQ 4250 NORTH DRINKWATER BLVD 4TH FL SCOTTSDALE AZ 85251	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	Amount of claim UNKNOWN
	Date or dates debt was incurred <hr/>	Basis for the claim: PENDING LITIGATION	
	Last 4 digits of account number:	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.3.	Nonpriority creditor's name and mailing address AGUILAR, JUANITA MORGAN AND MORGAN JOSEPH ANTHONY KOPACZ 201 N FRANKLIN ST 7TH FLOOR TAMPA FL 33602	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	Amount of claim UNKNOWN
	Date or dates debt was incurred <hr/>	Basis for the claim: PENDING LITIGATION	
	Last 4 digits of account number:	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Debtor **YouFit Health Clubs, LLC**Case number (if known) **20-12841**

3.4.	Nonpriority creditor's name and mailing address ALL STAR LOCK'N DOOR 3423 W WOOLBRIGHT ROAD BOYNTON BEACH FL 33436 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: OUTSIDESVC Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$166.00
3.5.	Nonpriority creditor's name and mailing address AMERICAN EXPRESS PO BOX 650448 DALLAS TX 75265-0448 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: AMEX Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$703.68
3.6.	Nonpriority creditor's name and mailing address AMERICAN FITNESS WHOLESALERS 455 W 21ST STREET SUITE 107 TEMPE AZ 85282 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PURCHASES Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$5,044.72

Debtor **YouFit Health Clubs, LLC**Case number (if known) **20-12841**

3.7.	Nonpriority creditor's name and mailing address AT&T - 105503 P O BOX 105503 ATLANTA GA 30348-5503 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: UTILITIES Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$145.61
3.8.	Nonpriority creditor's name and mailing address AT&T - 5014 P O BOX 5014 CAROL STREAM IL 60197-5014 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: UTILITIES Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$98.14
3.9.	Nonpriority creditor's name and mailing address AT&T MOBILITY 6463 P O BOX 6463 CAROL STREAM IL 60197-6463 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: UTILITIES Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$7.87

Debtor **YouFit Health Clubs, LLC**Case number (if known) **20-12841**

3.10.	Nonpriority creditor's name and mailing address ATO CORP 13010 RIDGELINE BLVD APT 3109 CEDAR PARK TX 78613 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: OUTSIDESVC Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$16,928.50
3.11.	Nonpriority creditor's name and mailing address AXIS SATELLITE & HOME THEATER 5790 ENTERPRISE PARKWAY FORT MYERS FL 33905 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: CAPX FURN Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$9,521.76
3.12.	Nonpriority creditor's name and mailing address BALL, FAY KEITH HERBERT PO BOX 6465 MCKINNEY TX 75071 Date or dates debt was incurred <hr style="border: 0; border-top: 1px solid black; margin: 5px 0;"/> Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: PENDING LITIGATION Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim UNKNOWN

Debtor **YouFit Health Clubs, LLC**Case number (if known) **20-12841**

3.13.	Nonpriority creditor's name and mailing address BALLESTER-BERMUDEZ, BEATRIZ Address Intentionally Omitted Date or dates debt was incurred <hr/> Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: RETENTION / SEVERANCE AGREEMENT Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim UNKNOWN
3.14.	Nonpriority creditor's name and mailing address BALTHAZAR, MARCIA 3109 PEMBROOK DRIVE ORLANDO FL 32810-2240 Date or dates debt was incurred <hr/> Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: PENDING LITIGATION Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim UNKNOWN
3.15.	Nonpriority creditor's name and mailing address BERKS-STROSS, CHRISTY 5405 LEILANI DR ST PETE BEACH FL 33706 Date or dates debt was incurred <hr/> Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: PENDING LITIGATION Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim UNKNOWN

Debtor **YouFit Health Clubs, LLC**Case number (if known) **20-12841**

3.16.	Nonpriority creditor's name and mailing address B-FIT HEALTH CLUB, LLC 1350 E. NEWPORT CENTER DR SUITE 110 DEERFIELD BEACH FL 33442 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: INTERCOMPANY PAYABLE Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Amount of claim UNKNOWN
3.17.	Nonpriority creditor's name and mailing address BINDOR KILLIAN LLC HORIZON PROPERTIES 18610 NW 87TH ST STE 204 MIAMI FL 33015 Date or dates debt was incurred <hr style="border: 0; border-top: 1px solid black;"/> Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: PENDING LITIGATION Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim UNKNOWN
3.18.	Nonpriority creditor's name and mailing address BLANK, JASON EDWARDS POTTINGER LLC SETH LEHRMAN 425 NORTH ANDREWS AVE STE 2 FORT LAUDERDALE FL 33301 Date or dates debt was incurred <hr style="border: 0; border-top: 1px solid black;"/> Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: PENDING LITIGATION Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim UNKNOWN

Debtor **YouFit Health Clubs, LLC**Case number (if known) **20-12841**

3.19.	Nonpriority creditor's name and mailing address BLUMIN-HIGHPOINT LTD DAVID & GOODMAN CLINTON J. DAVID TWO LINCOLN CENTRE 5420 LBJ FREEWAY STE 1200 DALLAS TX 75248 Date or dates debt was incurred <hr/> Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: PENDING LITIGATION Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim UNKNOWN
3.20.	Nonpriority creditor's name and mailing address BRENT ALLAR 119 CONDOR VIEW WEATHERFORD TX 76087 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: T&E Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$298.34
3.21.	Nonpriority creditor's name and mailing address CARCO GROUP, INC. 5000 CORPORATE COURT SUITE 203 HOLTSVILLE NY 11742 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: CAPX LHI Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$1,588.38

Debtor **YouFit Health Clubs, LLC**Case number (if known) **20-12841**

3.22.	Nonpriority creditor's name and mailing address CASTANO-PEREZ, LILIANA C/O JUAN ASCONAPE, ESQ. 7111 FAIRWAY DR STE 105 PALM BEACH GARDENS FL 33418 Date or dates debt was incurred <hr style="width: 30%; margin-left: 0;"/> Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: PENDING LITIGATION Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim UNKNOWN
3.23.	Nonpriority creditor's name and mailing address CBIZ MHM, LLC PO BOX 953152 ST LOUIS MO 63195-3152 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: CAPX FURN Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$5,950.00
3.24.	Nonpriority creditor's name and mailing address CBRE, INC. CBRE - 608844 PO BOX 848844 LOS ANGELES CA 90084-8844 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PROF FEES Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$16,067.00

Debtor **YouFit Health Clubs, LLC**Case number (if known) **20-12841**

3.25.	Nonpriority creditor's name and mailing address CERTIFIED COFFEE SERVICE, INC PO BOX 23805 FORT LAUDERDALE FL 33304 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: OUTSIDESVC Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$1,084.35
3.26.	Nonpriority creditor's name and mailing address CLELLAND, KATHERINE 1401 SE 4TH AVENUE POMPANO BEACH FL 33060-9302 Date or dates debt was incurred <hr style="width: 30%; margin-left: 0;"/> Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: PENDING LITIGATION Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim UNKNOWN
3.27.	Nonpriority creditor's name and mailing address CLOUD-ONSITE TECHNOLOGIES INC 18851 NE 29 AVE SUITE 700-143 AVENTURA FL 33180 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: MISC Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$7,473.00

Debtor **YouFit Health Clubs, LLC**Case number (if known) **20-12841**

3.28.	Nonpriority creditor's name and mailing address CMS/NEXTECH 1045 S JOHN RODES BLVD MELBOURNE FL 32904 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: OUTSIDESVC Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$11,213.99
3.29.	Nonpriority creditor's name and mailing address COMCAST 530098 PO BOX 530098 ATLANTA GA 30353-0098 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: UTILITIES Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$1,055.67
3.30.	Nonpriority creditor's name and mailing address COMMONWEALTH FITNESS SOLUTIONS 6260 FIRE LANE MECHANICSVILLE VA 23116 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: EQUIP REP Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$3,520.60

Debtor **YouFit Health Clubs, LLC**Case number (if known) **20-12841**

3.31.	Nonpriority creditor's name and mailing address CONSUMER LAW ATTORNEYS CORP CHRISTOPHER HIXON, ESQ. 2727 ULMERTON RD STE 270 CLEARWATER FL 33762 Date or dates debt was incurred <hr style="width: 30%; margin-left: 0;"/> Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: PENDING LITIGATION Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim UNKNOWN
3.32.	Nonpriority creditor's name and mailing address COTTRELL, DIANE 6130 N MARSHALL ST PHILADELPHIA PA 19120 Date or dates debt was incurred <hr style="width: 30%; margin-left: 0;"/> Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: PENDING LITIGATION Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim UNKNOWN
3.33.	Nonpriority creditor's name and mailing address DAASLY, INC 8004 NW 154 STREET, #632 MIAMI LAKES FL 33016 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: MISC Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$20,000.00

Debtor **YouFit Health Clubs, LLC**Case number (if known) **20-12841**

3.34.	Nonpriority creditor's name and mailing address DAVIS, KURT RUSSEL A WADE III PA PO BOX 172 LAKE BUTLER FL 32054-0172 Date or dates debt was incurred <hr style="width: 30%; margin-left: 0;"/> Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: PENDING LITIGATION Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim UNKNOWN
3.35.	Nonpriority creditor's name and mailing address DEX IMAGING LLC PO BAX 17454 CLEAR WATER FL 33762 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: OFC & COMP Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$3,043.38
3.36.	Nonpriority creditor's name and mailing address DOCUGREEN CORPORATION 1809 E BROADWAY STREET # 333 OVIEDO FL 32765 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: OUTSIDESVC Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$60.00

Debtor **YouFit Health Clubs, LLC**Case number (if known) **20-12841**

3.37.	Nonpriority creditor's name and mailing address EAST COAST CONSTRUCTION AND REMODELING SERVICES CORP 6154 NW 19TH ST MARGATE FL 33063 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: OUTSIDESVC Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$1,942.00
3.38.	Nonpriority creditor's name and mailing address EUROPA SPORTS PRODUCTS PO BOX 117200 ATLANTA GA 30368-7200 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PURCHASES Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$99,642.96
3.39.	Nonpriority creditor's name and mailing address EVOLUTION RESTORATION SERVICES 17111 SW 115 AVE MIAMI FL 33157 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: OUTSIDESVC Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$18,006.80

Debtor **YouFit Health Clubs, LLC**Case number (if known) **20-12841**

3.40.	Nonpriority creditor's name and mailing address FIRST FITNESS REPAIR & SALES 3828 ASHWICK CT APT 106 PALM HARBOR FL 34685 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: EQUIP REP Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$5,263.50
3.41.	Nonpriority creditor's name and mailing address FIT MASTERS 800 OCALA RD 300-273 TALLAHASSEE FL 32304 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: EQUIP REP Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$571.59
3.42.	Nonpriority creditor's name and mailing address FITNESS LOGIC 380 SCARLET BLVD OLDSMAR FL 34677 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: EQUIP REP Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$864.92

Debtor **YouFit Health Clubs, LLC**Case number (if known) **20-12841**

3.43.	Nonpriority creditor's name and mailing address FITNESS SERVICES OF FLORIDA INC 4220 NW 120TH AVE CORAL SPRINGS FL 33065 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: EQUIP REP Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$1,302.31
3.44.	Nonpriority creditor's name and mailing address FITNESS SOURCE 2041 SW 70TH AVENUE D-10 DAVIE FL 33317 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: EQUIP REP Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$7,773.14
3.45.	Nonpriority creditor's name and mailing address FITNESSSMITH INC 3610 QUANTUM BLVD BOYNTON BEACH FL 33426 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: CAPX FITEQ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$1,027.58

Debtor **YouFit Health Clubs, LLC**Case number (if known) **20-12841**

3.46.	Nonpriority creditor's name and mailing address FITSERVE MORGAN INTERPRISES, INC 102 WILLIAMS ROAD MADISONVILLE LA 70447 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: EQUIP REP Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$2,862.77
3.47.	Nonpriority creditor's name and mailing address FIVE B-FIT, LLC 1350 E. NEWPORT CENTER DR SUITE 110 DEERFIELD BEACH FL 33442 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: INTERCOMPANY PAYABLE Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Amount of claim UNKNOWN
3.48.	Nonpriority creditor's name and mailing address FLORIDA DEPARTMENT OF STATE 500 S. BRONOUGH ST. TALLAHASSEE FL 32399 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: LIC & FEES Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$120.00

Debtor **YouFit Health Clubs, LLC**Case number (if known) **20-12841**

3.49.	Nonpriority creditor's name and mailing address FOUR B-FIT, LLC 1350 E. NEWPORT CENTER DR SUITE 110 DEERFIELD BEACH FL 33442 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: INTERCOMPANY PAYABLE Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Amount of claim UNKNOWN
3.50.	Nonpriority creditor's name and mailing address FPL GENERAL MAIL FACILITY MIAMI FL 33188-0001 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: UTILITIES Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$1,818.14
3.51.	Nonpriority creditor's name and mailing address FREDERICK FOX 602 HOLLOWS CIRCLE DEERFIELD BEACH FL 33442 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PROF FEES Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$2,400.00

Debtor **YouFit Health Clubs, LLC**Case number (if known) **20-12841**

3.52.	Nonpriority creditor's name and mailing address FREEMOTION FITNESS P.O. BOX 734122 CHICAGO IL 60673-4122 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: CAPX FITEQ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$65.74
3.53.	Nonpriority creditor's name and mailing address FRONTLINE FITNESS EQUIPMENT 380 JEFFERSON BLVD., UNIT F WARWICK RI 02886 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: CAPX FITEQ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$1,212.75
3.54.	Nonpriority creditor's name and mailing address GALER TECH, INC 773 NANTUCKET CIRCLE LAKE WORTH FL 33467 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: EQUIP REP Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$7,055.68

Debtor **YouFit Health Clubs, LLC**Case number (if known) **20-12841**

3.55.	Nonpriority creditor's name and mailing address GARCES, CARMEN 2955 SW 78TH AVE MIAMI FL 33155 Date or dates debt was incurred <hr/> Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: PENDING LITIGATION Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim UNKNOWN
3.56.	Nonpriority creditor's name and mailing address GATOR ANTOINE PARTNERS LLLP BUCK KEENAN J ROBIN LINDLEY ESQ 2229 SAN FELIPE RD STE 1000 HOUSTON TX 77019 Date or dates debt was incurred <hr/> Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: PENDING LITIGATION Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim UNKNOWN
3.57.	Nonpriority creditor's name and mailing address GATOR FLOWER MOUND LLC BUCK KEENAN LLP J ROBIN LINDLEY ESQ 2229 SAN FELIPE RD STE 1000 HOUSTON TX 77019 Date or dates debt was incurred <hr/> Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: PENDING LITIGATION Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim UNKNOWN

Debtor **YouFit Health Clubs, LLC**Case number (if known) **20-12841**

3.58.	Nonpriority creditor's name and mailing address GIFT CARDS VARIOUS Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: GIFT CARDS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim UNKNOWN
3.59.	Nonpriority creditor's name and mailing address GONZALEZ, JULIA LAW OFFICE OF ROBERT N PELIER PA ROBERT NELSON PELIER 4649 PONCE DE LEON BLVD STE 301 CORAL GABLES FL 33146-2118 Date or dates debt was incurred <hr style="width: 30%; margin-left: 0;"/> Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: PENDING LITIGATION Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim UNKNOWN
3.60.	Nonpriority creditor's name and mailing address GOOGLE, INC DEPT 33654 PO BOX 39000 SAN FRANCISCO CA 94139 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ADV Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$24,719.47

Debtor **YouFit Health Clubs, LLC**Case number (if known) **20-12841**

3.61.	Nonpriority creditor's name and mailing address HALPERIN, CYDNEY 14 NE 1ST AVE MIAMI FL 33132 Date or dates debt was incurred <hr/> Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: LITIGATION Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim UNKNOWN
3.62.	Nonpriority creditor's name and mailing address HALPERIN, CYDNEY 20900 NE 30TH AVE 417 AVENTURA FL 33180 Date or dates debt was incurred <hr/> Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: LITIGATION Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim UNKNOWN
3.63.	Nonpriority creditor's name and mailing address HALPERIN, CYDNEY 31 SAMANA DR MIAMI FL 33133 Date or dates debt was incurred <hr/> Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: LITIGATION Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim UNKNOWN

Debtor **YouFit Health Clubs, LLC**Case number (if known) **20-12841**

3.64.	Nonpriority creditor's name and mailing address HALPERIN, CYDNEY 700 71ST ST MIAMI BEACH FL 33141 Date or dates debt was incurred <hr/> Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: LITIGATION Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim UNKNOWN
3.65.	Nonpriority creditor's name and mailing address HALPERIN, CYDNEY KAUFMAN PA AVI ROBERT KAUFMAN 31 SAMANA DR MIAMI FL 33133 Date or dates debt was incurred <hr/> Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: PENDING LITIGATION Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim UNKNOWN
3.66.	Nonpriority creditor's name and mailing address HALPERIN, JILLIAN 10493 MARSH ST WELLINGTON FL 33414 Date or dates debt was incurred <hr/> Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: LITIGATION Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim UNKNOWN

Debtor **YouFit Health Clubs, LLC**Case number (if known) **20-12841**

3.67.	Nonpriority creditor's name and mailing address HELINGER ADVERTISING 4201 CENTRAL AVE ST PETERSBURG FL 33713 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ADV Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$1,427.19
3.68.	Nonpriority creditor's name and mailing address HGI TECHNOLOGIES 1000 PARK CENTRE BLVD SUITE 128 MIAMI GARDENS FL 33169 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: OFC & COMP Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$1,628.70
3.69.	Nonpriority creditor's name and mailing address HIRETECH 200 WESTLAKE PARK PLAZA SUITE 501 HOUSTON TX 77079 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PROF FEES Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$2,027.65

Debtor **YouFit Health Clubs, LLC**Case number (if known) **20-12841**

3.70.	Nonpriority creditor's name and mailing address HORIZON AIR CONDITIONING INC 2501 WESTGATE AVE #6 WEST PALM BEACH FL 33409 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: CAPX LHI Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$5,394.00
3.71.	Nonpriority creditor's name and mailing address HORNE, DARREN 435 E. CHEYENNE RD. SAN TAN VALLEY AZ 85143 Date or dates debt was incurred <hr style="width: 30%; margin-left: 0;"/> Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: PENDING LITIGATION Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim UNKNOWN
3.72.	Nonpriority creditor's name and mailing address IAN BURLEY 1905 LENNOX DR UNIT 74 ELDERSBURG MD 21784 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: T&E Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$162.16

Debtor **YouFit Health Clubs, LLC**Case number (if known) **20-12841**

3.73.	Nonpriority creditor's name and mailing address IGT MEDIA HOLDINGS INC 8395 NE 2ND AVE MIAMI FL 33138 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ADV Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$24,311.10
3.74.	Nonpriority creditor's name and mailing address IGT MEDIA HOLDINGS, INC. ATTN RICHARD ROTH PRESIDENT 8395 NE 2ND AVE MIAMI FL 33138 Date or dates debt was incurred <hr style="width: 30%; margin-left: 0;"/> Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: SETTLEMENT Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim UNKNOWN
3.75.	Nonpriority creditor's name and mailing address IMAGENET CONSULTING OF TAMPA LLC 913 NORTH BROADWAY AVE OKLAHOMA CITY OK 73102 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: CAPX LHI Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$328.93

Debtor **YouFit Health Clubs, LLC**Case number (if known) **20-12841**

3.76.	Nonpriority creditor's name and mailing address IPROMOTEU DEPT LA 23232 PASADENA CA 91185-3232 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ADV Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$34,060.01
3.77.	Nonpriority creditor's name and mailing address IRON GRIP BARBELL COMPANY, INC 4012 GARRY AVE SANTA ANA CA 92704-6300 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: CAPX FITEQ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$1,728.35
3.78.	Nonpriority creditor's name and mailing address JOHNSON HEALTH TECH NA INC 1600 LANDMARK DRIVE COTTAGE GROVE WI 53527 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: EQUIP REP Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$2,126.76

Debtor **YouFit Health Clubs, LLC**Case number (if known) **20-12841**

3.79.	Nonpriority creditor's name and mailing address JOHNSON, FAWN PAPA AND GIPE PA R STANLEY GIPE 1724 GULF TO BAY BLVD CLEARWATER FL 33755 Date or dates debt was incurred <hr style="width: 30%; margin-left: 0;"/> Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: PENDING LITIGATION Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim UNKNOWN
3.80.	Nonpriority creditor's name and mailing address JOHNSON, JESSICA Address Intentionally Omitted Date or dates debt was incurred <hr style="width: 30%; margin-left: 0;"/> Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: RETENTION / SEVERANCE AGREEMENT Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim UNKNOWN
3.81.	Nonpriority creditor's name and mailing address JULIANELLI, ROGER Address Intentionally Omitted Date or dates debt was incurred <hr style="width: 30%; margin-left: 0;"/> Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: RETENTION / SEVERANCE AGREEMENT Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim UNKNOWN

Debtor **YouFit Health Clubs, LLC**Case number (if known) **20-12841**

3.82.	Nonpriority creditor's name and mailing address KALYVAS GROUP, LLC 111 SECOND AVE NE SUITE 702 ST PETERSBURG FL 33701 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: RENT Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$608.06
3.83.	Nonpriority creditor's name and mailing address L2 FUTURE CAPITAL LLC VINCENT SERAFINO RICHARD G DAFOE 1601 ELM ST STE 4100 DALLAS TX 75201 Date or dates debt was incurred <hr/> Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: PENDING LITIGATION Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim UNKNOWN
3.84.	Nonpriority creditor's name and mailing address LAMBETA, AMANDA 1621 TOTEM POLE WAY LUTZ FL 33559-8681 Date or dates debt was incurred <hr/> Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: PENDING LITIGATION Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim UNKNOWN

Debtor **YouFit Health Clubs, LLC**Case number (if known) **20-12841**

3.85.	Nonpriority creditor's name and mailing address LETO LAW FIRM 201 SOUTH BISCAYNE BLVD SUITE 2700 MIAMI FL 33131 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: LEGAL Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$9,850.00
3.86.	Nonpriority creditor's name and mailing address LIFE FITNESS, A DIVISION OF BRUNSWICK CORPORATION 2716 NETWORK PLACE CHICAGO IL 60673-1271 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: CAPX FITEQ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$22,962.20
3.87.	Nonpriority creditor's name and mailing address LIME TIME, LLC 1350 E. NEWPORT CENTER DR SUITE 110 DEERFIELD BEACH FL 33442 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: INTERCOMPANY PAYABLE Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Amount of claim UNKNOWN

Debtor **YouFit Health Clubs, LLC**Case number (if known) **20-12841**

3.88.	Nonpriority creditor's name and mailing address LISTEN360, INC. 11625 RAINWATER DRIVE, SUITE 645 ALPHARETTA GA 30009 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: MISC Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$3,075.00
3.89.	Nonpriority creditor's name and mailing address LOCAL MANAGEMENT 200 LINDELL BLVD SUITE #914 DELRAY BEACH FL 33483 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ADV Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$32,400.00
3.90.	Nonpriority creditor's name and mailing address LYNNWOOD PLACE STATION LLC PO BOX 645414 PITTSBURGH PA 15264-5414 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: RENT Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$15,668.00

Debtor **YouFit Health Clubs, LLC**Case number (if known) **20-12841**

3.91.	Nonpriority creditor's name and mailing address MANATEE INVESTMENTS III, LLC SACKS TIERNEY PA MICHAEL J HARRIS ESQ RANDY NUSSBAUM ESQ 4250 NORTH DRINKWATER BLVD 4TH FL SCOTTSDALE AZ 85251 Date or dates debt was incurred <hr/> Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: PENDING LITIGATION Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim UNKNOWN
3.92.	Nonpriority creditor's name and mailing address MARKHAM & STEIN UNLIMITED, LLC 2424 SOUTH DIXIE HWY MIAMI FL 33133 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ADV Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$73,909.50
3.93.	Nonpriority creditor's name and mailing address MASTER CARD PO BOX 100647 ATLANTA GA 30384-0647 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: AMEX Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$12,025.38

Debtor **YouFit Health Clubs, LLC**Case number (if known) **20-12841**

3.94.	Nonpriority creditor's name and mailing address MASTER MECHANICAL SERVICES 15181 NW 33RD PLACE MIAMI FL 33054 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: OUTSIDESVC Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$11,850.00
3.95.	Nonpriority creditor's name and mailing address MAYER, DAVID A Address Intentionally Omitted Date or dates debt was incurred <hr style="width: 30%; margin-left: 0;"/> Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: RETENTION / SEVERANCE AGREEMENT Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim UNKNOWN
3.96.	Nonpriority creditor's name and mailing address MCMAHAN GROUP LLC PO BOX 20206 LOUISVILLE KY 40250-0206 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: RENT Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$153,986.93

Debtor **YouFit Health Clubs, LLC**Case number (if known) **20-12841**

3.97.	Nonpriority creditor's name and mailing address MEMBERSHIP AGREEMENTS VARIOUS Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: MEMBERSHIP - UNEARNED REVENUE Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim UNKNOWN
3.98.	Nonpriority creditor's name and mailing address MERRYMAN, RONALD P Address Intentionally Omitted Date or dates debt was incurred <hr style="width: 30%; margin-left: 0;"/> Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: RETENTION / SEVERANCE AGREEMENT Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim UNKNOWN
3.99.	Nonpriority creditor's name and mailing address MESSAGE MEDIA USA, INC PO BOX 399197 SAN FRANCISCO CA 94139-9197 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: MISC Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$2,785.03

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3.100.	Nonpriority creditor's name and mailing address NATIONAL GYM SUPPLY PO BOX 748735 LOS ANGELES CA 90074-8735 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: EQUIP REP Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$6,522.67
3.101.	Nonpriority creditor's name and mailing address NATURAL CLEAN SERVICE, INC 7672 COURTYARD RUN W BOCA RATON FL 33433 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: OUTSIDESVC Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$4,868.50
3.102.	Nonpriority creditor's name and mailing address NEKOLOFF, NICOLE M Address Intentionally Omitted Date or dates debt was incurred <hr style="border: 0; border-top: 1px solid black;"/> Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: RETENTION / SEVERANCE AGREEMENT Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim UNKNOWN

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3.103.	Nonpriority creditor's name and mailing address NEWMAN, LATISHA 1319 HELLERMAN STREET PHILADELPHIA PA 19111-5506 Date or dates debt was incurred <hr/> Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: PENDING LITIGATION Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim UNKNOWN
3.104.	Nonpriority creditor's name and mailing address NITEL, INC. LOCKBOX DEPT 4929 CAROL STREAM IL 60122-4929 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: UTILITIES Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$18,754.65
3.105.	Nonpriority creditor's name and mailing address OAKES, ALLAN 628114 LAUREL OAK LN ALTAMONTE SPRINGS FL 32701 Date or dates debt was incurred <hr/> Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: PENDING LITIGATION Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim UNKNOWN

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3.106.	Nonpriority creditor's name and mailing address OCTANE FITNESS PO BOX 101830 PASADENA CA 91189-1830 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: CAPX FITEQ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$387.24
3.107.	Nonpriority creditor's name and mailing address ONE BEAT CPR 3151 EXECUTIVE WAY MIRAMAR, FL 33025 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: CAPX FURN Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$1,189.50
3.108.	Nonpriority creditor's name and mailing address PACHECO, JOSE KENNEDY HODGES LLP DON J FOTY 4409 MONTROSE BLVD STE 200 HOUSTON TX 77006 Date or dates debt was incurred <hr style="width: 30%; margin-left: 0;"/> Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: PENDING LITIGATION Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim UNKNOWN

Debtor **YouFit Health Clubs, LLC**Case number (if known) **20-12841**

3.109.	Nonpriority creditor's name and mailing address PACHECO, JOSE KENNEDY HODGES LLP DON J FOTY 4409 MONTROSE BLVD STE 200 HOUSTON TX 77006 Date or dates debt was incurred <hr style="width: 30%; margin-left: 0;"/> Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: PENDING LITIGATION Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim UNKNOWN
3.110.	Nonpriority creditor's name and mailing address PATRICE MILANI EXERCISE EQUIPMENT, INC. 6400 FRANKFORD AVENUE UNIT 21 BALTIMORE MD 21206 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: EQUIP REP Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$3,079.63
3.111.	Nonpriority creditor's name and mailing address PEAK ACTIVITY LLC 1880 N CONGRESS AVE SUITE 210 BOYNTON BEACH FL 33426 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ADV Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$8,884.42

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3.112.	Nonpriority creditor's name and mailing address PERSONAL TRAINING ON THE NET 32107 LINDERO CANYON ROAD SUITE 233 WESTLAKE VILLAGE CA 91361 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: LIC & FEES Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$3,276.00
3.113.	Nonpriority creditor's name and mailing address POLYGLASS USA, INC. DEPT 2663 PO BOX 122663 DALLAS TX 75312 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: RENT Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$7,275.80
3.114.	Nonpriority creditor's name and mailing address POTTS, JASON Address Intentionally Omitted Date or dates debt was incurred <hr style="border: 0; border-top: 1px solid black;"/> Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: RETENTION / SEVERANCE AGREEMENT Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim UNKNOWN

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3.115.	Nonpriority creditor's name and mailing address POWELL AV LLC 10501 SIX MILE CYPRESS PARKWAY SUITE 113 FORT MYERS FL 33966 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: OUTSIDESVC Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$3,167.84
3.116.	Nonpriority creditor's name and mailing address PRECOR INC PO BOX 3136 CAROL STREAM IL 60132-3136 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: EQUIP REP Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$331.42
3.117.	Nonpriority creditor's name and mailing address PRO REVOLUTION 4471 N FEDERAL HWY, #212 POMPANO BEACH FL 33064 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: OUTSIDESVC Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$6,250.00

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3.118.	Nonpriority creditor's name and mailing address PURCHASE POWER PO BOX 371874 PITTSBURGH PA 15250-7874 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: MISC Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$2,250.57
3.119.	Nonpriority creditor's name and mailing address ROBERT R. MCGILL AIR CONDITIONING, INC 333 SOUTH 3RD STREET LANTANA FL 33462 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: OUTSIDESVC Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$129.00
3.120.	Nonpriority creditor's name and mailing address S&S PAINTING AND WATERPROOFING LLC 2801 N POWERLINE ROAD POMPANO BEACH FL 33069 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: OUTSIDESVC Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$11,330.00

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3.121.	Nonpriority creditor's name and mailing address SADA SYSTEMS, INC 5250 LANKERSHIM BLVD #620 NORTH HOLLYWOOD CA 91601 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: LIC & FEES Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$5,844.00
3.122.	Nonpriority creditor's name and mailing address SALTZMAN, GAYLE MARCY 8637 NW 82ND STREET TAMARAC FL 33321-1615 Date or dates debt was incurred <hr style="width: 30%; margin-left: 0;"/> Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: PENDING LITIGATION Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim UNKNOWN
3.123.	Nonpriority creditor's name and mailing address SCOTT LEVITT 7539 GREENLAKE WAY APT B BOYNTON BEACH FL 33436 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: T&E Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$71.89

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3.124.	Nonpriority creditor's name and mailing address SCROGGINS, LARRY LONG AND JEAN PA LYLE LONG 1937 E ATLANTIC BLVD STE 205 POMPANO BEACH FL 33060 Date or dates debt was incurred <hr style="width: 30%; margin-left: 0;"/> Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: PENDING LITIGATION Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim UNKNOWN
3.125.	Nonpriority creditor's name and mailing address SECURITY SYSTEMS OF SOUTH FLORIDA 1440 CORAL RIDGE DRIVE SUITE 497 CORAL SPRINGS FL 33071 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: MISC Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$112.35
3.126.	Nonpriority creditor's name and mailing address SEVEN B-FIT, LLC 1350 E. NEWPORT CENTER DR SUITE 110 DEERFIELD BEACH FL 33442 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: INTERCOMPANY PAYABLE Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Amount of claim UNKNOWN

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3.127.	Nonpriority creditor's name and mailing address SIX B-FIT, LLC 1350 E. NEWPORT CENTER DR SUITE 110 DEERFIELD BEACH FL 33442 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: INTERCOMPANY PAYABLE Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Amount of claim UNKNOWN
3.128.	Nonpriority creditor's name and mailing address SMITH, STUART Address Intentionally Omitted Date or dates debt was incurred <hr style="width: 30%; margin-left: 0;"/> Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: RETENTION / SEVERANCE AGREEMENT Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim UNKNOWN
3.129.	Nonpriority creditor's name and mailing address SNELL AIR CONDITIONING, INC 1449 BANKS ROAD MARGATE FL 33063 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: OUTSIDESVC Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$159.00

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3.130.	Nonpriority creditor's name and mailing address SOUTH FLORIDA HEALTH AND FITNESS, INC. 1350 E. NEWPORT CENTER DR SUITE 110 DEERFIELD BEACH FL 33442 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: INTERCOMPANY PAYABLE Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Amount of claim UNKNOWN
3.131.	Nonpriority creditor's name and mailing address STAPLES CONTRACT & COMMERCIAL PO BOX 105748 ATLANTA GA 30348-5748 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: OFC & COMP Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$13,577.07
3.132.	Nonpriority creditor's name and mailing address STAR 2 STAR COMMUNICATIONS LLC PO BOX 97231 LAS VEGAS NV 89193-731 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: UTILITIES Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$13,892.58

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3.133.	Nonpriority creditor's name and mailing address STEVENSON*MURI MARK A ENGER 1531 NW 13TH CT MIAMI FL 33125 Date or dates debt was incurred <hr/> Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: PENDING LITIGATION Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim UNKNOWN
3.134.	Nonpriority creditor's name and mailing address STUMP, JACKLYN MALLARD LAW FIRM PA DAMIAN DAVID MALLARD 889 N WASHINGTON BLVD SARASOTA FL 34236-4207 Date or dates debt was incurred <hr/> Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: PENDING LITIGATION Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim UNKNOWN
3.135.	Nonpriority creditor's name and mailing address STUMPHAUSER FOSILD SLOMAN ROSS & KOLAYA ONE SE 3RD AVENUE SUITE 1820 MIAMI FL 33131 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: LEGAL Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$9,900.00

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3.136.	Nonpriority creditor's name and mailing address STYKU, LLC 5462 JILLSON ST COMMERCE CA 90040 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: CAPX FITEQ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$29,880.00
3.137.	Nonpriority creditor's name and mailing address SUNSTATE AIR CONDITIONING AND HEATING, LLC 6636 35TH CT E SARASOTA FL 34243 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: OUTSIDESVC Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$4,780.00
3.138.	Nonpriority creditor's name and mailing address THE HOME DEPOT PRO P. O. BOX 404468 ATLANTA GA 30384-4468 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: OUTSIDESVC Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$413.13

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3.139.	Nonpriority creditor's name and mailing address THE ULTIMATE SOFTWARE GROUP, INC P.O. BOX 930953 ATLANTA GA 31193-0953 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PROF FEES Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$500.00
3.140.	Nonpriority creditor's name and mailing address THOMPSON PEST CONTROL, INC 4911 NE 9 AVE SUITE # C FORT LAUDERDALE FL 33334 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: OUTSIDESVC Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$64.20
3.141.	Nonpriority creditor's name and mailing address THREE B-FIT, LLC 1350 E. NEWPORT CENTER DR SUITE 110 DEERFIELD BEACH FL 33442 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: INTERCOMPANY PAYABLE Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Amount of claim UNKNOWN

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3.142.	Nonpriority creditor's name and mailing address UNLIMITED PLUMBING INC P.O. BOX 3953 BOCA RATON FL 33427 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: OUTSIDESVC Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$100.00
3.143.	Nonpriority creditor's name and mailing address US BANK EQUIPMENT FINANCE PO BOX 790448 ST LOUIS MO 63179-0448 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: OFC & COMP Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$1,915.43
3.144.	Nonpriority creditor's name and mailing address VARITECH LLC 1027 FLUSHING AVE CLEARWATER FL 33764 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: LEGAL Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$1,397.50

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3.145.	Nonpriority creditor's name and mailing address VERIZON - 660108 PO BOX 660108 DALLAS TX 75266-0108 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: UTILITIES Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$1,084.26
3.146.	Nonpriority creditor's name and mailing address W.W. GAY MECHANICAL CONTRACTOR, INC 524 STOCKTON STREET JACKSONVILLE FL 32204 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: OUTSIDESVC Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$7,888.00
3.147.	Nonpriority creditor's name and mailing address WESSON, RICHARD S Address Intentionally Omitted Date or dates debt was incurred <hr style="border: 0; border-top: 1px solid black;"/> Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: RETENTION / SEVERANCE AGREEMENT Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim UNKNOWN

Debtor **YouFit Health Clubs, LLC**Case number (if known) **20-12841**

3.148.	Nonpriority creditor's name and mailing address W-PT ARVADA VII LLC PINE TREE COMMERCIAL REALTY LLC PROPERTY MANAGEMENT AND GENERAL COUNSEL 40 SKOKIE BLVD STE 610 NORTHBROOK IL 60062 Date or dates debt was incurred <hr/> Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: PENDING LITIGATION Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim UNKNOWN
3.149.	Nonpriority creditor's name and mailing address WW GAY MECHANICAL CONTRACTOR OF ORLANDO INC. 3220 39TH SREET ORLANDO FL 32839 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: OUTSIDESVC Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$41,646.83
3.150.	Nonpriority creditor's name and mailing address YF ADMIN, LLC 1350 E. NEWPORT CENTER DR SUITE 110 DEERFIELD BEACH FL 33442 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: INTERCOMPANY PAYABLE Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Amount of claim UNKNOWN

Debtor **YouFit Health Clubs, LLC**Case number (if known) **20-12841**

3.151.	Nonpriority creditor's name and mailing address YF ARIZONA LLC 1350 E. NEWPORT CENTER DR SUITE 110 DEERFIELD BEACH FL 33442 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: INTERCOMPANY PAYABLE Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Amount of claim UNKNOWN
3.152.	Nonpriority creditor's name and mailing address YF AURORA, LLC 1350 E. NEWPORT CENTER DR SUITE 110 DEERFIELD BEACH FL 33442 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: INTERCOMPANY PAYABLE Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Amount of claim UNKNOWN
3.153.	Nonpriority creditor's name and mailing address YF BETHANNY, LLC 1350 E. NEWPORT CENTER DR SUITE 110 DEERFIELD BEACH FL 33442 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: INTERCOMPANY PAYABLE Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Amount of claim UNKNOWN

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3.154.	Nonpriority creditor's name and mailing address YF BETHANY TOWNE CENTER, LLC 1350 E. NEWPORT CENTER DR SUITE 110 DEERFIELD BEACH FL 33442 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: INTERCOMPANY PAYABLE Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Amount of claim UNKNOWN
3.155.	Nonpriority creditor's name and mailing address YF BOYNTON MALL, LLC 1350 E. NEWPORT CENTER DR SUITE 110 DEERFIELD BEACH FL 33442 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: INTERCOMPANY PAYABLE Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Amount of claim UNKNOWN
3.156.	Nonpriority creditor's name and mailing address YF BUFORD, LLC 1350 E. NEWPORT CENTER DR SUITE 110 DEERFIELD BEACH FL 33442 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: INTERCOMPANY PAYABLE Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Amount of claim UNKNOWN

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3.157.	Nonpriority creditor's name and mailing address YF CACTUS VILLAGE, LLC 1350 E. NEWPORT CENTER DR SUITE 110 DEERFIELD BEACH FL 33442 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: INTERCOMPANY PAYABLE Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Amount of claim UNKNOWN
3.158.	Nonpriority creditor's name and mailing address YF CARROLLWOOD, LLC 1350 E. NEWPORT CENTER DR SUITE 110 DEERFIELD BEACH FL 33442 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: INTERCOMPANY PAYABLE Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Amount of claim UNKNOWN
3.159.	Nonpriority creditor's name and mailing address YF CHANDLER SOUTH, LLC 1350 E. NEWPORT CENTER DR SUITE 110 DEERFIELD BEACH FL 33442 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: INTERCOMPANY PAYABLE Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Amount of claim UNKNOWN

Debtor **YouFit Health Clubs, LLC**Case number (if known) **20-12841**

3.160.	Nonpriority creditor's name and mailing address YF CONCORD, LLC 1350 E. NEWPORT CENTER DR SUITE 110 DEERFIELD BEACH FL 33442 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: INTERCOMPANY PAYABLE Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Amount of claim UNKNOWN
3.161.	Nonpriority creditor's name and mailing address YF CORAL WAY II, LLC 1350 E. NEWPORT CENTER DR SUITE 110 DEERFIELD BEACH FL 33442 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: INTERCOMPANY PAYABLE Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Amount of claim UNKNOWN
3.162.	Nonpriority creditor's name and mailing address YF CORAL WAY, LLC 1350 E. NEWPORT CENTER DR SUITE 110 DEERFIELD BEACH FL 33442 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: INTERCOMPANY PAYABLE Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Amount of claim UNKNOWN

Debtor **YouFit Health Clubs, LLC**Case number (if known) **20-12841**

3.163.	Nonpriority creditor's name and mailing address YF DANIA POINTE LLC 1350 E. NEWPORT CENTER DR SUITE 110 DEERFIELD BEACH FL 33442 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: INTERCOMPANY PAYABLE Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Amount of claim UNKNOWN
3.164.	Nonpriority creditor's name and mailing address YF DEERFIELD, LLC 1350 E. NEWPORT CENTER DR SUITE 110 DEERFIELD BEACH FL 33442 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: INTERCOMPANY PAYABLE Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Amount of claim UNKNOWN
3.165.	Nonpriority creditor's name and mailing address YF DOUGLASVILLE, LLC 1350 E. NEWPORT CENTER DR SUITE 110 DEERFIELD BEACH FL 33442 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: INTERCOMPANY PAYABLE Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Amount of claim UNKNOWN

Debtor **YouFit Health Clubs, LLC**Case number (if known) **20-12841**

3.166.	Nonpriority creditor's name and mailing address YF DULUTH, LLC 1350 E. NEWPORT CENTER DR SUITE 110 DEERFIELD BEACH FL 33442 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: INTERCOMPANY PAYABLE Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Amount of claim UNKNOWN
3.167.	Nonpriority creditor's name and mailing address YF DUNWOODY, LLC 1350 E. NEWPORT CENTER DR SUITE 110 DEERFIELD BEACH FL 33442 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: INTERCOMPANY PAYABLE Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Amount of claim UNKNOWN
3.168.	Nonpriority creditor's name and mailing address YF EAST FOWLER, LLC 1350 E. NEWPORT CENTER DR SUITE 110 DEERFIELD BEACH FL 33442 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: INTERCOMPANY PAYABLE Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Amount of claim UNKNOWN

Debtor **YouFit Health Clubs, LLC**Case number (if known) **20-12841**

3.169.	Nonpriority creditor's name and mailing address YF ETHAN, LLC 1350 E. NEWPORT CENTER DR SUITE 110 DEERFIELD BEACH FL 33442 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: INTERCOMPANY PAYABLE Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Amount of claim UNKNOWN
3.170.	Nonpriority creditor's name and mailing address YF FLAGLER LLC 1350 E. NEWPORT CENTER DR SUITE 110 DEERFIELD BEACH FL 33442 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: INTERCOMPANY PAYABLE Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Amount of claim UNKNOWN
3.171.	Nonpriority creditor's name and mailing address YF FULTON RANCH, LLC 1350 E. NEWPORT CENTER DR SUITE 110 DEERFIELD BEACH FL 33442 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: INTERCOMPANY PAYABLE Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Amount of claim UNKNOWN

Debtor **YouFit Health Clubs, LLC**Case number (if known) **20-12841**

3.172.	Nonpriority creditor's name and mailing address YF GATEWAY, LLC 1350 E. NEWPORT CENTER DR SUITE 110 DEERFIELD BEACH FL 33442 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: INTERCOMPANY PAYABLE Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Amount of claim UNKNOWN
3.173.	Nonpriority creditor's name and mailing address YF GERMANTOWN, LLC 1350 E. NEWPORT CENTER DR SUITE 110 DEERFIELD BEACH FL 33442 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: INTERCOMPANY PAYABLE Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Amount of claim UNKNOWN
3.174.	Nonpriority creditor's name and mailing address YF GILBERT NORTH, LLC 1350 E. NEWPORT CENTER DR SUITE 110 DEERFIELD BEACH FL 33442 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: INTERCOMPANY PAYABLE Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Amount of claim UNKNOWN

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3.175.	Nonpriority creditor's name and mailing address YF GILBERT SOUTH, LLC 1350 E. NEWPORT CENTER DR SUITE 110 DEERFIELD BEACH FL 33442 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: INTERCOMPANY PAYABLE Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Amount of claim UNKNOWN
3.176.	Nonpriority creditor's name and mailing address YF GILBERT, LLC 1350 E. NEWPORT CENTER DR SUITE 110 DEERFIELD BEACH FL 33442 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: INTERCOMPANY PAYABLE Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Amount of claim UNKNOWN
3.177.	Nonpriority creditor's name and mailing address YF GLENDALE, LLC 1350 E. NEWPORT CENTER DR SUITE 110 DEERFIELD BEACH FL 33442 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: INTERCOMPANY PAYABLE Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Amount of claim UNKNOWN

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3.178.	Nonpriority creditor's name and mailing address YF GREENACRES, LLC 1350 E. NEWPORT CENTER DR SUITE 110 DEERFIELD BEACH FL 33442 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: INTERCOMPANY PAYABLE Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Amount of claim UNKNOWN
3.179.	Nonpriority creditor's name and mailing address YF GROUP A, LLC 1350 E. NEWPORT CENTER DR SUITE 110 DEERFIELD BEACH FL 33442 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: INTERCOMPANY PAYABLE Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Amount of claim UNKNOWN
3.180.	Nonpriority creditor's name and mailing address YF HAMMOCK LLC 1350 E. NEWPORT CENTER DR SUITE 110 DEERFIELD BEACH FL 33442 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: INTERCOMPANY PAYABLE Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Amount of claim UNKNOWN

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3.181.	Nonpriority creditor's name and mailing address YF HANCOCK, LLC 1350 E. NEWPORT CENTER DR SUITE 110 DEERFIELD BEACH FL 33442 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: INTERCOMPANY PAYABLE Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Amount of claim UNKNOWN
3.182.	Nonpriority creditor's name and mailing address YF HIALEAH, LLC 1350 E. NEWPORT CENTER DR SUITE 110 DEERFIELD BEACH FL 33442 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: INTERCOMPANY PAYABLE Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Amount of claim UNKNOWN
3.183.	Nonpriority creditor's name and mailing address YF HIALEAH-OKEECHOBEE RD., LLC 1350 E. NEWPORT CENTER DR SUITE 110 DEERFIELD BEACH FL 33442 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: INTERCOMPANY PAYABLE Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Amount of claim UNKNOWN

Debtor **YouFit Health Clubs, LLC**Case number (if known) **20-12841**

3.184.	Nonpriority creditor's name and mailing address YF HOLLYWOOD, LLC 1350 E. NEWPORT CENTER DR SUITE 110 DEERFIELD BEACH FL 33442 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: INTERCOMPANY PAYABLE Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Amount of claim UNKNOWN
3.185.	Nonpriority creditor's name and mailing address YF HORIZON, LLC 1350 E. NEWPORT CENTER DR SUITE 110 DEERFIELD BEACH FL 33442 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: INTERCOMPANY PAYABLE Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Amount of claim UNKNOWN
3.186.	Nonpriority creditor's name and mailing address YF HUNTSVILLE, LLC 1350 E. NEWPORT CENTER DR SUITE 110 DEERFIELD BEACH FL 33442 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: INTERCOMPANY PAYABLE Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Amount of claim UNKNOWN

Debtor **YouFit Health Clubs, LLC**Case number (if known) **20-12841**

3.187.	Nonpriority creditor's name and mailing address YF KENDALL, LLC 1350 E. NEWPORT CENTER DR SUITE 110 DEERFIELD BEACH FL 33442 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: INTERCOMPANY PAYABLE Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Amount of claim UNKNOWN
3.188.	Nonpriority creditor's name and mailing address YF KILLIAN, LLC 1350 E. NEWPORT CENTER DR SUITE 110 DEERFIELD BEACH FL 33442 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: INTERCOMPANY PAYABLE Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Amount of claim UNKNOWN
3.189.	Nonpriority creditor's name and mailing address YF LAFAYETTE PLACE, LLC 1350 E. NEWPORT CENTER DR SUITE 110 DEERFIELD BEACH FL 33442 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: INTERCOMPANY PAYABLE Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Amount of claim UNKNOWN

Debtor **YouFit Health Clubs, LLC**Case number (if known) **20-12841**

3.190.	Nonpriority creditor's name and mailing address YF LAGO MAR, LLC 1350 E. NEWPORT CENTER DR SUITE 110 DEERFIELD BEACH FL 33442 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: INTERCOMPANY PAYABLE Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Amount of claim UNKNOWN
3.191.	Nonpriority creditor's name and mailing address YF LAND O LAKES, LLC 1350 E. NEWPORT CENTER DR SUITE 110 DEERFIELD BEACH FL 33442 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: INTERCOMPANY PAYABLE Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Amount of claim UNKNOWN
3.192.	Nonpriority creditor's name and mailing address YF LANTANA, LLC 1350 E. NEWPORT CENTER DR SUITE 110 DEERFIELD BEACH FL 33442 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: INTERCOMPANY PAYABLE Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Amount of claim UNKNOWN

Debtor **YouFit Health Clubs, LLC**Case number (if known) **20-12841**

3.193.	Nonpriority creditor's name and mailing address YF LARGO PLAZA LLC 1350 E. NEWPORT CENTER DR SUITE 110 DEERFIELD BEACH FL 33442 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: INTERCOMPANY PAYABLE Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Amount of claim UNKNOWN
3.194.	Nonpriority creditor's name and mailing address YF LAUDERDALE LAKES, LLC 1350 E. NEWPORT CENTER DR SUITE 110 DEERFIELD BEACH FL 33442 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: INTERCOMPANY PAYABLE Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Amount of claim UNKNOWN
3.195.	Nonpriority creditor's name and mailing address YF LAUDERHILL, LLC 1350 E. NEWPORT CENTER DR SUITE 110 DEERFIELD BEACH FL 33442 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: INTERCOMPANY PAYABLE Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Amount of claim UNKNOWN

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3.196.	Nonpriority creditor's name and mailing address YF LOCH RAVEN LLC 1350 E. NEWPORT CENTER DR SUITE 110 DEERFIELD BEACH FL 33442 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: INTERCOMPANY PAYABLE Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Amount of claim UNKNOWN
3.197.	Nonpriority creditor's name and mailing address YF LYNNWOOD, LLC 1350 E. NEWPORT CENTER DR SUITE 110 DEERFIELD BEACH FL 33442 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: INTERCOMPANY PAYABLE Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Amount of claim UNKNOWN
3.198.	Nonpriority creditor's name and mailing address YF MARGATE, LLC 1350 E. NEWPORT CENTER DR SUITE 110 DEERFIELD BEACH FL 33442 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: INTERCOMPANY PAYABLE Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Amount of claim UNKNOWN

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3.199.	Nonpriority creditor's name and mailing address YF MESA, LLC 1350 E. NEWPORT CENTER DR SUITE 110 DEERFIELD BEACH FL 33442 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: INTERCOMPANY PAYABLE Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Amount of claim UNKNOWN
3.200.	Nonpriority creditor's name and mailing address YF MESQUITE, LLC 1350 E. NEWPORT CENTER DR SUITE 110 DEERFIELD BEACH FL 33442 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: INTERCOMPANY PAYABLE Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Amount of claim UNKNOWN
3.201.	Nonpriority creditor's name and mailing address YF MIAMI 110TH LLC 1350 E. NEWPORT CENTER DR SUITE 110 DEERFIELD BEACH FL 33442 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: INTERCOMPANY PAYABLE Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Amount of claim UNKNOWN

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3.202.	Nonpriority creditor's name and mailing address YF MIAMI GARDENS, LLC 1350 E. NEWPORT CENTER DR SUITE 110 DEERFIELD BEACH FL 33442 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: INTERCOMPANY PAYABLE Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Amount of claim UNKNOWN
3.203.	Nonpriority creditor's name and mailing address YF MOUNT CLARE, LLC 1350 E. NEWPORT CENTER DR SUITE 110 DEERFIELD BEACH FL 33442 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: INTERCOMPANY PAYABLE Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Amount of claim UNKNOWN
3.204.	Nonpriority creditor's name and mailing address YF MURRIETA, LLC 1350 E. NEWPORT CENTER DR SUITE 110 DEERFIELD BEACH FL 33442 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: INTERCOMPANY PAYABLE Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Amount of claim UNKNOWN

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3.205.	Nonpriority creditor's name and mailing address YF NEW PORT RICHEY, LLC 1350 E. NEWPORT CENTER DR SUITE 110 DEERFIELD BEACH FL 33442 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: INTERCOMPANY PAYABLE Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Amount of claim UNKNOWN
3.206.	Nonpriority creditor's name and mailing address YF NOLES, LLC 1350 E. NEWPORT CENTER DR SUITE 110 DEERFIELD BEACH FL 33442 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: INTERCOMPANY PAYABLE Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Amount of claim UNKNOWN
3.207.	Nonpriority creditor's name and mailing address YF NORTH LAUDERDALE, LLC 1350 E. NEWPORT CENTER DR SUITE 110 DEERFIELD BEACH FL 33442 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: INTERCOMPANY PAYABLE Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Amount of claim UNKNOWN

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3.208.	Nonpriority creditor's name and mailing address YF NORTH POINT, LLC 1350 E. NEWPORT CENTER DR SUITE 110 DEERFIELD BEACH FL 33442 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: INTERCOMPANY PAYABLE Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Amount of claim UNKNOWN
3.209.	Nonpriority creditor's name and mailing address YF NORTH PORT, LLC 1350 E. NEWPORT CENTER DR SUITE 110 DEERFIELD BEACH FL 33442 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: INTERCOMPANY PAYABLE Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Amount of claim UNKNOWN
3.210.	Nonpriority creditor's name and mailing address YF OAK HILL, LLC 1350 E. NEWPORT CENTER DR SUITE 110 DEERFIELD BEACH FL 33442 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: INTERCOMPANY PAYABLE Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Amount of claim UNKNOWN

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3.211.	Nonpriority creditor's name and mailing address YF OKEECHOBEE, LLC 1350 E. NEWPORT CENTER DR SUITE 110 DEERFIELD BEACH FL 33442 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: INTERCOMPANY PAYABLE Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Amount of claim UNKNOWN
3.212.	Nonpriority creditor's name and mailing address YF OLNEY, LLC 1350 E. NEWPORT CENTER DR SUITE 110 DEERFIELD BEACH FL 33442 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: INTERCOMPANY PAYABLE Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Amount of claim UNKNOWN
3.213.	Nonpriority creditor's name and mailing address YF PALM BAY, LLC 1350 E. NEWPORT CENTER DR SUITE 110 DEERFIELD BEACH FL 33442 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: INTERCOMPANY PAYABLE Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Amount of claim UNKNOWN

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3.214.	Nonpriority creditor's name and mailing address YF PARADISE SQUARE LLC 1350 E. NEWPORT CENTER DR SUITE 110 DEERFIELD BEACH FL 33442 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: INTERCOMPANY PAYABLE Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Amount of claim UNKNOWN
3.215.	Nonpriority creditor's name and mailing address YF PARKLAND, LLC 1350 E. NEWPORT CENTER DR SUITE 110 DEERFIELD BEACH FL 33442 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: INTERCOMPANY PAYABLE Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Amount of claim UNKNOWN
3.216.	Nonpriority creditor's name and mailing address YF PINE ISLAND, LLC 1350 E. NEWPORT CENTER DR SUITE 110 DEERFIELD BEACH FL 33442 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: INTERCOMPANY PAYABLE Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Amount of claim UNKNOWN

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3.217.	Nonpriority creditor's name and mailing address YF PINES BOULEVARD, LLC 1350 E. NEWPORT CENTER DR SUITE 110 DEERFIELD BEACH FL 33442 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: INTERCOMPANY PAYABLE Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Amount of claim UNKNOWN
3.218.	Nonpriority creditor's name and mailing address YF POMPANO, LLC 1350 E. NEWPORT CENTER DR SUITE 110 DEERFIELD BEACH FL 33442 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: INTERCOMPANY PAYABLE Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Amount of claim UNKNOWN
3.219.	Nonpriority creditor's name and mailing address YF PORT CHARLOTTE, LLC 1350 E. NEWPORT CENTER DR SUITE 110 DEERFIELD BEACH FL 33442 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: INTERCOMPANY PAYABLE Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Amount of claim UNKNOWN

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3.220.	Nonpriority creditor's name and mailing address YF QUAIL ROOST, LLC 1350 E. NEWPORT CENTER DR SUITE 110 DEERFIELD BEACH FL 33442 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: INTERCOMPANY PAYABLE Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Amount of claim UNKNOWN
3.221.	Nonpriority creditor's name and mailing address YF RACETRACK, LLC 1350 E. NEWPORT CENTER DR SUITE 110 DEERFIELD BEACH FL 33442 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: INTERCOMPANY PAYABLE Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Amount of claim UNKNOWN
3.222.	Nonpriority creditor's name and mailing address YF RANDALLSTOWN, LLC 1350 E. NEWPORT CENTER DR SUITE 110 DEERFIELD BEACH FL 33442 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: INTERCOMPANY PAYABLE Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Amount of claim UNKNOWN

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3.223.	Nonpriority creditor's name and mailing address YF RHODE ISLAND, LLC 1350 E. NEWPORT CENTER DR SUITE 110 DEERFIELD BEACH FL 33442 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: INTERCOMPANY PAYABLE Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Amount of claim UNKNOWN
3.224.	Nonpriority creditor's name and mailing address YF RIVERDALE, LLC 1350 E. NEWPORT CENTER DR SUITE 110 DEERFIELD BEACH FL 33442 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: INTERCOMPANY PAYABLE Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Amount of claim UNKNOWN
3.225.	Nonpriority creditor's name and mailing address YF ROCKWELL, LLC 1350 E. NEWPORT CENTER DR SUITE 110 DEERFIELD BEACH FL 33442 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: INTERCOMPANY PAYABLE Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Amount of claim UNKNOWN

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3.226.	Nonpriority creditor's name and mailing address YF SANDALFOOT, LLC 1350 E. NEWPORT CENTER DR SUITE 110 DEERFIELD BEACH FL 33442 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: INTERCOMPANY PAYABLE Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Amount of claim UNKNOWN
3.227.	Nonpriority creditor's name and mailing address YF SCOTTSDALE, LLC 1350 E. NEWPORT CENTER DR SUITE 110 DEERFIELD BEACH FL 33442 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: INTERCOMPANY PAYABLE Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Amount of claim UNKNOWN
3.228.	Nonpriority creditor's name and mailing address YF SE FLA, LLC 1350 E. NEWPORT CENTER DR SUITE 110 DEERFIELD BEACH FL 33442 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: INTERCOMPANY PAYABLE Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Amount of claim UNKNOWN

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3.229.	Nonpriority creditor's name and mailing address YF SHEA, LLC 1350 E. NEWPORT CENTER DR SUITE 110 DEERFIELD BEACH FL 33442 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: INTERCOMPANY PAYABLE Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Amount of claim UNKNOWN
3.230.	Nonpriority creditor's name and mailing address YF SHELBY, LLC 1350 E. NEWPORT CENTER DR SUITE 110 DEERFIELD BEACH FL 33442 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: INTERCOMPANY PAYABLE Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Amount of claim UNKNOWN
3.231.	Nonpriority creditor's name and mailing address YF SHILOH, LLC 1350 E. NEWPORT CENTER DR SUITE 110 DEERFIELD BEACH FL 33442 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: INTERCOMPANY PAYABLE Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Amount of claim UNKNOWN

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3.232.	Nonpriority creditor's name and mailing address YF SINGLETON, LLC 1350 E. NEWPORT CENTER DR SUITE 110 DEERFIELD BEACH FL 33442 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: INTERCOMPANY PAYABLE Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Amount of claim UNKNOWN
3.233.	Nonpriority creditor's name and mailing address YF SOUTHAVEN, LLC 1350 E. NEWPORT CENTER DR SUITE 110 DEERFIELD BEACH FL 33442 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: INTERCOMPANY PAYABLE Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Amount of claim UNKNOWN
3.234.	Nonpriority creditor's name and mailing address YF SPRING CREEK, LLC 1350 E. NEWPORT CENTER DR SUITE 110 DEERFIELD BEACH FL 33442 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: INTERCOMPANY PAYABLE Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Amount of claim UNKNOWN

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3.235.	Nonpriority creditor's name and mailing address YF SUWANEE, LLC 1350 E. NEWPORT CENTER DR SUITE 110 DEERFIELD BEACH FL 33442 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: INTERCOMPANY PAYABLE Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Amount of claim UNKNOWN
3.236.	Nonpriority creditor's name and mailing address YF TAMARAC LLC 1350 E. NEWPORT CENTER DR SUITE 110 DEERFIELD BEACH FL 33442 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: INTERCOMPANY PAYABLE Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Amount of claim UNKNOWN
3.237.	Nonpriority creditor's name and mailing address YF THORNTON PLAZA, LLC 1350 E. NEWPORT CENTER DR SUITE 110 DEERFIELD BEACH FL 33442 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: INTERCOMPANY PAYABLE Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Amount of claim UNKNOWN

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3.238.	Nonpriority creditor's name and mailing address YF TOWN CENTER, LLC 1350 E. NEWPORT CENTER DR SUITE 110 DEERFIELD BEACH FL 33442 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: INTERCOMPANY PAYABLE Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Amount of claim UNKNOWN
3.239.	Nonpriority creditor's name and mailing address YF UNIGOLD, LLC 1350 E. NEWPORT CENTER DR SUITE 110 DEERFIELD BEACH FL 33442 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: INTERCOMPANY PAYABLE Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Amount of claim UNKNOWN
3.240.	Nonpriority creditor's name and mailing address YF UNIVERSITY VILLAGE, LLC 1350 E. NEWPORT CENTER DR SUITE 110 DEERFIELD BEACH FL 33442 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: INTERCOMPANY PAYABLE Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Amount of claim UNKNOWN

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3.241.	Nonpriority creditor's name and mailing address YF VENICE, LLC 1350 E. NEWPORT CENTER DR SUITE 110 DEERFIELD BEACH FL 33442 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: INTERCOMPANY PAYABLE Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Amount of claim UNKNOWN
3.242.	Nonpriority creditor's name and mailing address YF WELLINGTON, LLC 1350 E. NEWPORT CENTER DR SUITE 110 DEERFIELD BEACH FL 33442 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: INTERCOMPANY PAYABLE Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Amount of claim UNKNOWN
3.243.	Nonpriority creditor's name and mailing address YF WEST BRANDON, LLC 1350 E. NEWPORT CENTER DR SUITE 110 DEERFIELD BEACH FL 33442 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: INTERCOMPANY PAYABLE Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Amount of claim UNKNOWN

Debtor **YouFit Health Clubs, LLC**Case number (if known) **20-12841**

3.244.	Nonpriority creditor's name and mailing address YF WEST COBB, LLC 1350 E. NEWPORT CENTER DR SUITE 110 DEERFIELD BEACH FL 33442 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: INTERCOMPANY PAYABLE Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Amount of claim UNKNOWN
3.245.	Nonpriority creditor's name and mailing address YF WEST VALLEY, LLC 1350 E. NEWPORT CENTER DR SUITE 110 DEERFIELD BEACH FL 33442 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: INTERCOMPANY PAYABLE Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Amount of claim UNKNOWN
3.246.	Nonpriority creditor's name and mailing address YF WESTON, LLC 1350 E. NEWPORT CENTER DR SUITE 110 DEERFIELD BEACH FL 33442 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: INTERCOMPANY PAYABLE Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Amount of claim UNKNOWN

Debtor **YouFit Health Clubs, LLC**Case number (if known) **20-12841**

3.247.	Nonpriority creditor's name and mailing address YOU FIT CRYOSKIN, LLC 1350 E. NEWPORT CENTER DR SUITE 110 DEERFIELD BEACH FL 33442 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: INTERCOMPANY PAYABLE Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Amount of claim UNKNOWN
3.248.	Nonpriority creditor's name and mailing address YOU FIT EIGHT, LLC 1350 E. NEWPORT CENTER DR SUITE 110 DEERFIELD BEACH FL 33442 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: INTERCOMPANY PAYABLE Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Amount of claim UNKNOWN
3.249.	Nonpriority creditor's name and mailing address YOU FIT ENTERPRISES, LLC 1350 E. NEWPORT CENTER DR SUITE 110 DEERFIELD BEACH FL 33442 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: INTERCOMPANY PAYABLE Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Amount of claim UNKNOWN

Debtor **YouFit Health Clubs, LLC**Case number (if known) **20-12841**

3.250.	Nonpriority creditor's name and mailing address YOU FIT FIVE, LLC 1350 E. NEWPORT CENTER DR SUITE 110 DEERFIELD BEACH FL 33442 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: INTERCOMPANY PAYABLE Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Amount of claim UNKNOWN
3.251.	Nonpriority creditor's name and mailing address YOU FIT FOUR, LLC 1350 E. NEWPORT CENTER DR SUITE 110 DEERFIELD BEACH FL 33442 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: INTERCOMPANY PAYABLE Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Amount of claim UNKNOWN
3.252.	Nonpriority creditor's name and mailing address YOU FIT NINE, LLC 1350 E. NEWPORT CENTER DR SUITE 110 DEERFIELD BEACH FL 33442 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: INTERCOMPANY PAYABLE Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Amount of claim UNKNOWN

Debtor **YouFit Health Clubs, LLC**Case number (if known) **20-12841**

3.253.	Nonpriority creditor's name and mailing address YOU FIT PINELLAS PARK, LLC 1350 E. NEWPORT CENTER DR SUITE 110 DEERFIELD BEACH FL 33442 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: INTERCOMPANY PAYABLE Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Amount of claim UNKNOWN
3.254.	Nonpriority creditor's name and mailing address YOU FIT SEVEN, LLC 1350 E. NEWPORT CENTER DR SUITE 110 DEERFIELD BEACH FL 33442 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: INTERCOMPANY PAYABLE Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Amount of claim UNKNOWN
3.255.	Nonpriority creditor's name and mailing address YOU FIT SIX, LLC 1350 E. NEWPORT CENTER DR SUITE 110 DEERFIELD BEACH FL 33442 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: INTERCOMPANY PAYABLE Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Amount of claim UNKNOWN

Debtor **YouFit Health Clubs, LLC**Case number (if known) **20-12841**

3.256.	Nonpriority creditor's name and mailing address YOU FIT SPA, LLC 1350 E. NEWPORT CENTER DR SUITE 110 DEERFIELD BEACH FL 33442 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: INTERCOMPANY PAYABLE Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Amount of claim UNKNOWN
3.257.	Nonpriority creditor's name and mailing address YOU FIT-ONE, LLC 1350 E. NEWPORT CENTER DR SUITE 110 DEERFIELD BEACH FL 33442 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: INTERCOMPANY PAYABLE Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Amount of claim UNKNOWN
3.258.	Nonpriority creditor's name and mailing address YOU FIT-THREE, LLC 1350 E. NEWPORT CENTER DR SUITE 110 DEERFIELD BEACH FL 33442 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: INTERCOMPANY PAYABLE Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Amount of claim UNKNOWN

Debtor **YouFit Health Clubs, LLC**Case number (if known) **20-12841**

3.259.	Nonpriority creditor's name and mailing address YOU FIT-TWO, LLC 1350 E. NEWPORT CENTER DR SUITE 110 DEERFIELD BEACH FL 33442 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: INTERCOMPANY PAYABLE Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Amount of claim UNKNOWN
3.260.	Nonpriority creditor's name and mailing address YOUFIT, LLC 1350 E. NEWPORT CENTER DR SUITE 110 DEERFIELD BEACH FL 33442 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: INTERCOMPANY PAYABLE Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Amount of claim UNKNOWN

Debtor **YouFit Health Clubs, LLC**Case number (if known) **20-12841****Part 3: List Others to Be Notified About Unsecured Claims**

4. List in alphabetical order any others who must be notified for claims listed in Parts 1 and 2. Examples of entities that may be listed are collection agencies, assignees of claims listed above, and attorneys for unsecured creditors.

If no others need to be notified for the debts listed in Parts 1 and 2, do not fill out or submit this page. If additional pages are needed, copy the next page.

Name and mailing address	On which line in Part 1 or Part 2 is the related creditor (if any) listed?	Last 4 digits of account number, if any
ARIZONA ATTORNEY GENERAL'S OFFICE PO BOX 6123 MD 7611 PHOENIX AZ 85005-6123	Part 1 line 2.5	
BROWARD COUNTY ATTORNEY SCOTT ANDRON, ASSISTANT COUNTY ATTORNEY GOVERNMENT CENTER STE 423 115 SOUTH ANDREWS AVE FORT LAUDERDALE FL 33301	Part 1 line 2.7	
IURILLO LAW GROUP PA CAMILLE J IURILLO; KEVIN L HING 5628 CENTRAL AVE ST PETERSBURG FL 33707	Part 2 line 3.3	
MANATEE COUNTY TAX COLLECTOR, KEN BURTON JR. ATTN: MICHELLE LEESON, PARALEGAL, COLLECTIONS SPECIALIST 1001 3RD AVE WEST SUITE 240 BRADENTON FL 34205-7863	Part 1 line 2.32	
MARICOPA COUNTY ATTORNEY'S OFFICE PETER MUTHIG 225 W MADISON ST PHOENIX AZ 85003	Part 1 line 2.36	
MARICOPA COUNTY ATTORNEY'S OFFICE PETER MUTHIG 225 W MADISON ST PHOENIX AZ 85003	Part 1 line 2.37	
MCCREARY VESELKA BRAGG & ALLEN PC TARA LEDAY, ESQ P O BOX 1269 ROUND ROCK TX 78680	Part 1 line 2.42	
PERDUE BRANDON FIELDER COLLINS & MOTT LLP EBONEY COBB 500 E BORDER ST., STE 640 ARLINGTON TX 76010	Part 1 line 2.12	
PERDUE BRANDON FIELDER COLLINS & MOTT LLP EBONEY COBB 500 E BORDER ST., STE 640 ARLINGTON TX 76010	Part 1 line 2.25	
PERDUE BRANDON FIELDER COLLINS & MOTT LLP EBONEY COBB 500 E BORDER ST., STE 640 ARLINGTON TX 76010	Part 1 line 2.46	
SACKS TIERNEY PA RANDY NUSSBAUM; PHILIP R RUDD 4250 N DRINKWATER BLVD., 4TH FLOOR SCOTTSDALE AZ 85251	Part 2 line 3.2	

Debtor **YouFit Health Clubs, LLC**Case number (if known) **20-12841**

SACKS TIERNEY PA
RANDY NUSSBAUM;PHILIP R RUDD
4250 N DRINKWATER BLVD.,4TH FLOOR
SCOTTSDALE AZ 85251

Part 2 line 3.91

STARK & STARK PC
JOSEPH H LEMKIN,ESQ
P O BOX 5315
PRINCETON NJ 08543

Part 2 line 3.56

STARK & STARK PC
JOSEPH H LEMKIN,ESQ
P O BOX 5315
PRINCETON NJ 08543

Part 2 line 3.57

WESTERNBURG & THORNTON PC
STEVEN THORNTON
10440 N CENTRAL EXPRESSWAY STE 800
DALLAS TX 75231

Part 2 line 3.19

WOMBLE BOND DICKINSON (US)LLP
KEVIN J MANGAN
1313 NORTH MARKET ST.,STE 1200
WILMINGTON DE 19801

Part 2 line 3.3

Debtor **YouFit Health Clubs, LLC**Case number (if known) **20-12841****Part 4: Total Amounts of the Priority and Nonpriority Unsecured Claims**

5. Add the amounts of priority and nonpriority unsecured claims.

		Total of claim amounts
5a. Total claims from Part 1	5a.	\$335,955.67
5b. Total claims from Part 2	5b. +	\$903,938.77
5c. Total of Parts 1 and 2 Lines 5a + 5b = 5c.	5c.	\$1,239,894.44

Fill in this information to identify the case:**Debtor name:** YouFit Health Clubs, LLC**United States Bankruptcy Court for the:** District of Delaware**Case number (if known):** 20-12841☐ Check if this is an amended filing

Official Form 206G

Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If more space is needed, copy and attach the additional page, numbering the entries consecutively.**1. Does the debtor have any executory contracts or unexpired leases?**

- ☐ No. Check this box and file this form with the court with the debtor's other schedules. There is nothing else to report on this form.
- ☒ Yes. Fill in all of the information below even if the contracts or leases are listed on *Schedule A/B: Assets - Real and Personal Property* (Official Form 206A/B).

2.	List all contracts and unexpired leases	State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease
2.1.	Title of contract BILLING SERVICES AGREEMENT State what the contract or lease is for MERCHANT AGREEMENT Nature of debtor's interest CONTRACT PARTY State the term remaining ON 30 - DAYS WRITTEN NOTICE List the contract number of any government contract _____	ABC FINANCIAL SERVICES LLC MICHAEL ESCOBEDO COO PO BOX 6800 N LITTLE ROCK AR 72124
2.2.	Title of contract ABC BILLING SERVICES AGREEMENT State what the contract or lease is for ABC BILLING SERVICES AGREEMENT Nature of debtor's interest CONTRACT PARTY State the term remaining _____ List the contract number of any government contract _____	State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease ABC FINANCIAL SERVICES, LLC ABC FINANCIAL SERVICES, LLC PO BOX 6800 N LITTLE ROCK AR 72124
2.3.	Title of contract NON-LEASE CONTRACT/AGREEMENT State what the contract or lease is for EMP BENEF Nature of debtor's interest CONTRACT PARTY State the term remaining _____ List the contract number of any government contract _____	State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease AETNA (HEALTH, DENTAL, VISION) AETNA PO BOX 804735 CHICAGO IL 60680-4108

Debtor **YouFit Health Clubs, LLC**Case number (if known) **20-12841**

- 2.4. **Title of contract** INSURANCE - EMPLOYEES **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** EMPLOYEE BENEFIT INSURANCE - GROUP MEDICAL - POLICY NO. GP-151660
- Nature of debtor's interest** CONTRACT PARTY AETNA LIFE INSURANCE COMPANY
151 FARMINGTON AVENUE
HARTFORD CT 06156
- State the term remaining** 4/21/2021
- List the contract number of any government contract** _____
- 2.5. **Title of contract** INSURANCE - EMPLOYEES **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** EMPLOYEE BENEFIT INSURANCE - VISION - POLICY NO. GP-151660-B
- Nature of debtor's interest** CONTRACT PARTY AETNA LIFE INSURANCE COMPANY
151 FARMINGTON AVENUE
HARTFORD CT 06156
- State the term remaining** 4/21/2021
- List the contract number of any government contract** _____
- 2.6. **Title of contract** INSURANCE - EMPLOYEES **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** EMPLOYEE BENEFIT INSURANCE - DENTAL - POLICY NO. GP-151660-A
- Nature of debtor's interest** CONTRACT PARTY AETNA LIFE INSURANCE COMPANY
151 FARMINGTON AVENUE
HARTFORD CT 06156
- State the term remaining** 4/21/2021
- List the contract number of any government contract** _____
- 2.7. **Title of contract** NON-LEASE CONTRACT/AGREEMENT **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** EMP BENEF
- Nature of debtor's interest** CONTRACT PARTY AETNA LIFE INSURANCE COMPANY
AETNA LIFE INSURANCE COMPANY
P. O. BOX 536919
ATLANTA, GA 30353-6919
- State the term remaining** _____
- List the contract number of any government contract** _____
- 2.8. **Title of contract** SECURITY PRODUCTS/ SERVICES AGREEMENT **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** SERVICES AGREEMENT - NORTH PORT
- Nature of debtor's interest** CONTRACT PARTY ALL PHASE SECURITY
114 FORTY-NINTH STREET SOUTH
ST PETERSBURG FL 33707
- State the term remaining** 2/18/20201 WITH AUTOMATIC 1 - YEAR RENEWALS
- List the contract number of any government contract** _____

Debtor **YouFit Health Clubs, LLC**Case number (if known) **20-12841**

- | | | | |
|-------|---|---|---|
| 2.9. | Title of contract
State what the contract or lease is for
Nature of debtor's interest
State the term remaining
List the contract number of any government contract | SECURITY PRODUCTS/ SERVICES AGREEMENT
SERVICES AGREEMENT - LAND O LAKES
CONTRACT PARTY
2/18/20201 WITH AUTOMATIC 1 - YEAR RENEWALS
_____ | State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease
ALL PHASE SECURITY
114 FORTY-NINTH STREET SOUTH
ST PETERSBURG FL 33707 |
| 2.10. | Title of contract
State what the contract or lease is for
Nature of debtor's interest
State the term remaining
List the contract number of any government contract | SECURITY PRODUCTS/ SERVICES AGREEMENT
SERVICES AGREEMENT - TAMPA
CONTRACT PARTY
2/18/20201 WITH AUTOMATIC 1 - YEAR RENEWALS
_____ | State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease
ALL PHASE SECURITY
114 FORTY-NINTH STREET SOUTH
ST PETERSBURG FL 33707 |
| 2.11. | Title of contract
State what the contract or lease is for
Nature of debtor's interest
State the term remaining
List the contract number of any government contract | SECURITY PRODUCTS/ SERVICES AGREEMENT
SERVICES AGREEMENT - SARASOTA
CONTRACT PARTY
2/18/20201 WITH AUTOMATIC 1 - YEAR RENEWALS
_____ | State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease
ALL PHASE SECURITY
114 FORTY-NINTH STREET SOUTH
ST PETERSBURG FL 33707 |
| 2.12. | Title of contract
State what the contract or lease is for
Nature of debtor's interest
State the term remaining
List the contract number of any government contract | SECURITY PRODUCTS/ SERVICES AGREEMENT
SERVICES AGREEMENT - ST PETERSBURG
CONTRACT PARTY
2/18/20201 WITH AUTOMATIC 1 - YEAR RENEWALS
_____ | State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease
ALL PHASE SECURITY
114 FORTY-NINTH STREET SOUTH
ST PETERSBURG FL 33707 |
| 2.13. | Title of contract
State what the contract or lease is for
Nature of debtor's interest
State the term remaining
List the contract number of any government contract | SECURITY PRODUCTS/ SERVICES AGREEMENT
SERVICES AGREEMENT - 13891 W HILLSBOROUGH AVE
TAMPA, FL 33635
CONTRACT PARTY
2/18/20201 WITH AUTOMATIC 1 - YEAR RENEWALS
_____ | State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease
ALL PHASE SECURITY
114 FORTY-NINTH STREET SOUTH
ST PETERSBURG FL 33707 |

Debtor **YouFit Health Clubs, LLC**Case number (if known) **20-12841**

- 2.14. **Title of contract** SECURITY PRODUCTS/ SERVICES AGREEMENT **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** SERVICES AGREEMENT - WINTER PARK
- Nature of debtor's interest** CONTRACT PARTY ALL PHASE SECURITY
114 FORTY-NINTH STREET SOUTH
ST PETERSBURG FL 33707
- State the term remaining** 2/18/20201 WITH AUTOMATIC 1 - YEAR RENEWALS
- List the contract number of any government contract** _____
- 2.15. **Title of contract** NON-LEASE CONTRACT/AGREEMENT **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** OUTSIDESVC
- Nature of debtor's interest** CONTRACT PARTY ALL PHASE SECURITY, INC.
114 49TH STREET SOUTH
ST. PETERSBURG FL 33707
- State the term remaining** _____
- List the contract number of any government contract** _____
- 2.16. **Title of contract** NON-LEASE CONTRACT/AGREEMENT **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** LIC & FEES
- Nature of debtor's interest** CONTRACT PARTY ASCAP
21678 NETWORK PLACE
CHICAGO IL 60673-1216
- State the term remaining** _____
- List the contract number of any government contract** _____
- 2.17. **Title of contract** SERVICES AGREEMENT **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** LEGAL SERVICES
- Nature of debtor's interest** CONTRACT PARTY BAJO CUVA COHEN & TURKEL, P.A.
100 NORTH TAMPA STREET
SUITE 1900
TAMPA FL 33602
- State the term remaining** _____
- List the contract number of any government contract** _____
- 2.18. **Title of contract** RETENTION / SEVERANCE AGREEMENT **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** EMPLOYEE AGREEMENT
- Nature of debtor's interest** CONTRACT PARTY BALLESTER-BERMUDEZ, BEATRIZ
Address Intentionally Omitted
- State the term remaining** 2 MONTHS
- List the contract number of any government contract** _____

Debtor **YouFit Health Clubs, LLC**Case number (if known) **20-12841**

- 2.19. **Title of contract** NON-LEASE CONTRACT/AGREEMENT **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** OUTSIDESVC
- Nature of debtor's interest** CONTRACT PARTY **BAY ALARM**
- State the term remaining** _____ **5130 COMMERCIAL CIRCLE**
- List the contract number of any government contract** _____ **CONCORD CA 94520**
- 2.20. **Title of contract** CHANGE ORDER REQUEST **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** SERVICES AGREEMENT - ALARMS - GLENDAL E& PHOENIX, AZ
- Nature of debtor's interest** CONTRACT PARTY **BAY ALARM**
- State the term remaining** _____ **5130 COMMERCIAL CIR**
- List the contract number of any government contract** _____ **CONCORD CA 94520**
- 2.21. **Title of contract** PURESAILY VENDING MACHINE LOCATION AGREEMENT **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** SERVICES AGREEMENT - VENDING MACHINES
- Nature of debtor's interest** CONTRACT PARTY **BEACHSIDE DISTRIBUTION INC**
- State the term remaining** MONTH TO MONTH WITH 30 - DAYS NOTICE TO TERMINATE **DBA PUREDAILY**
- List the contract number of any government contract** _____ **9030 W. SAHARA AVE.**
- STE 148**
- LAS VEGAS NV 89117**
- 2.22. **Title of contract** PREFERRED UNIT PURCHASE AGREEMENT **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** _____
- Nature of debtor's interest** _____ **BERKS, RICK**
- State the term remaining** _____ **1350 E. NEWPORT CENTER DRIVE**
- List the contract number of any government contract** _____ **SUITE 110**
- DEERFIELD BEACH FL 33442**
- 2.23. **Title of contract** PREFERRED UNIT PURCHASE AGREEMENT **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** _____
- Nature of debtor's interest** _____ **BLOOD, PETER**
- State the term remaining** _____ **1350 E. NEWPORT CENTER DRIVE**
- List the contract number of any government contract** _____ **SUITE 110**
- DEERFIELD BEACH FL 33442**

Debtor **YouFit Health Clubs, LLC**Case number (if known) **20-12841**

- 2.24. **Title of contract** NON-LEASE CONTRACT/AGREEMENT **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** CAPX FURN
- Nature of debtor's interest** CONTRACT PARTY CBIZ
CBIZ MHM, LLC
PO BOX 953152
ST LOUIS MO 63195-3152
- State the term remaining** _____
- List the contract number of any government contract** _____
- 2.25. **Title of contract** NON-LEASE CONTRACT/AGREEMENT **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** EMP BENEF
- Nature of debtor's interest** CONTRACT PARTY CIGNA (LIFE INSURANCE)
CIGNA
PO BOX 644546
PITTSBURGH PA 15264-4546
- State the term remaining** _____
- List the contract number of any government contract** _____
- 2.26. **Title of contract** NON-LEASE CONTRACT/AGREEMENT **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** EMP BENEF
- Nature of debtor's interest** CONTRACT PARTY COLONIAL LIFE & ACCIDENT
INSURANCE
COLONIAL LIFE INSURANCE
PROCESSING CENTER
P. O. BOX 1365
COLUMBIA, SC 29202-1365
- State the term remaining** _____
- List the contract number of any government contract** _____
- 2.27. **Title of contract** CORPORATE PAYMENT SOLUTION AGREEMENT **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** _____
- Nature of debtor's interest** _____ COMDATA
PO BOX 100647
ATLANTA GA 30384-0647
- State the term remaining** _____
- List the contract number of any government contract** _____
- 2.28. **Title of contract** COMDATA VIRTUAL PAYMENT/CORPORATE PAYMENT SOLUTION AGREEMENT **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** SERVICES AGREEMENT - MASTERCARD ACCOUNT - AGREEMENT 11:00055810.0
- Nature of debtor's interest** CONTRACT PARTY COMDATA INC
ATTN LEGAL DEPT
5301 MARYLAND WAY
STE 100
BRENTWOOD TN 370227-5055
- State the term remaining** _____
- List the contract number of any government contract** _____

Debtor **YouFit Health Clubs, LLC**Case number (if known) **20-12841**

- 2.29. **Title of contract** INDEPENDENT CONTRACTOR AGREEMENT **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** SERVICES AGREEMENT - IT
- Nature of debtor's interest** CONTRACT PARTY COOPERMAN, SEAN
9720 WYETH COURT
WELLINGTON FL 33414
- State the term remaining** ON CONCLUSION OF SCOPE OF WORK
- List the contract number of any government contract** _____
- 2.30. **Title of contract** NON-LEASE CONTRACT/AGREEMENT **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** LIC & FEES
- Nature of debtor's interest** CONTRACT PARTY CORNERSTONE ONDEMAND, INC.
1601 CLOVERFIELD BLVD
SUITE 620 SOUTH
SANTA MONICA CA 90404
- State the term remaining** _____
- List the contract number of any government contract** _____
- 2.31. **Title of contract** CORNERSTONE ONDEMAND – MASTER AGREEMENT AND RENEWAL **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** SOFTWARE AGREEMENT
- Nature of debtor's interest** CONTRACT PARTY CORNERSTONE ONDEMAND, INC.
LEGAL DEPT
1601 CLOVERFIELD BLVD
SUITE 620 SOUTH
SANTA MONICA CA 90404
- State the term remaining** 12/29/2024
- List the contract number of any government contract** _____
- 2.32. **Title of contract** SERVICES AGREEMENT **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** LEGAL SERVICES
- Nature of debtor's interest** CONTRACT PARTY CORPORATE SERVICE COMPANY
P. O. BOX 13397
PHILADELPHIA PA 19101-3397
- State the term remaining** _____
- List the contract number of any government contract** _____
- 2.33. **Title of contract** PREFERRED UNIT PURCHASE AGREEMENT **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** _____
- Nature of debtor's interest** _____ CREEGAN, III, JOSEPH J.
1350 E. NEWPORT CENTER DRIVE
SUITE 110
DEERFIELD BEACH FL 33442
- State the term remaining** _____
- List the contract number of any government contract** _____

Debtor **YouFit Health Clubs, LLC**Case number (if known) **20-12841**

- 2.34. **Title of contract** SERVICES AGREEMENT **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** AUDIT SERVICES
- Nature of debtor's interest** CONTRACT PARTY CROWE LLP
PO BOX 71570
CHICAGO IL 60694-1570
- State the term remaining** _____
- List the contract number of any government contract** _____
- 2.35. **Title of contract** SERVICES AGREEMENT **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** OPERATIONAL CONSULTANT
- Nature of debtor's interest** CONTRACT PARTY CURTIS CLUB ADVISORS LLC
13519 MATANZAS PLACE
LAKEWOOD RANCH FL 34202
- State the term remaining** _____
- List the contract number of any government contract** _____
- 2.36. **Title of contract** NON-LEASE CONTRACT/AGREEMENT **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** MISC
- Nature of debtor's interest** CONTRACT PARTY DAASLY, INC
8004 NW 154 STREET, #632
MIAMI LAKES FL 33016
- State the term remaining** _____
- List the contract number of any government contract** _____
- 2.37. **Title of contract** LETTER AGREEMENT DATED 2/20/2020 **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** ANALYST SUPPORT AGREEMENT
- Nature of debtor's interest** CONTRACT PARTY DAASLY, INC.
8004 NW 154TH ST, #632
MIAMI LAKES FL 33016
- State the term remaining** 30 - DAYS NOTICE OF INTENT TO TERMINATE TO BE E-MAILED
- List the contract number of any government contract** _____
- 2.38. **Title of contract** STATEMENT OF WORK **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** VDR AGREEMENT NO. 2010124967
- Nature of debtor's interest** CONTRACT PARTY DATASITE
733 S. MARQUETTE AVE
MINNEAPOLIS MN 55402
- State the term remaining** 4/6/2021
- List the contract number of any government contract** _____

Debtor **YouFit Health Clubs, LLC**Case number (if known) **20-12841**

- | | | | |
|-------|---|--|---|
| 2.39. | Title of contract
State what the contract or lease is for
Nature of debtor's interest
State the term remaining
List the contract number of any government contract | NON-LEASE CONTRACT/AGREEMENT
OFC & COMP
CONTRACT PARTY

 | State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

DEX IMAGING LLC (STAPLES)
DEX IMAGING LLC
PO BAX 17454
CLEAR WATER FL 33762 |
| | | | |
| 2.40. | Title of contract
State what the contract or lease is for
Nature of debtor's interest
State the term remaining
List the contract number of any government contract | SECURE SHREDDING AGREEMENT (YOU FIT CORPORATE OFFICE)
SERVICES AGREEMENT
CONTRACT PARTY
AUTOMATIC 90 - DAY RENEWAL WITH 30 - DAYS NOTICE TO TERMINATE

 | State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

DOCUGREEN CORPORATION
401 E LAS OLAS BLVD
STE 1400
FORT LAUDERDALE, FL 33301 FL 33301 |
| | | | |
| 2.41. | Title of contract
State what the contract or lease is for
Nature of debtor's interest
State the term remaining
List the contract number of any government contract | DOCUSIGN MASTER SERVICES AGREEMENT
SERVICES AGREEMENT - SOFTWARE
CONTRACT PARTY

 | State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

DOCUSIGN, INC.
221 MAIN STREET
SUITE 1000
SAN FRANCISCO CA 94105 |
| | | | |
| 2.42. | Title of contract
State what the contract or lease is for
Nature of debtor's interest
State the term remaining
List the contract number of any government contract | SERVICES AGREEMENT
LEGAL SERVICES
CONTRACT PARTY

 | State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

ENGLANDER & FISCHER
721 FIRST AVENUE NORTH
ST. PETERSBURG FL 33701 |
| | | | |
| 2.43. | Title of contract
State what the contract or lease is for
Nature of debtor's interest
State the term remaining
List the contract number of any government contract | FIRMEX ORDER
SERVICES AGREEMENT - DATA ROOM & ADDITIONAL SERVICES
CONTRACT PARTY
1/6/2019

 | State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

FIRMEX
110 SPADINA AVE
STE 700
TORONTO ON M5V 2K4
CANADA |

Debtor **YouFit Health Clubs, LLC**Case number (if known) **20-12841**

- 2.44. **Title of contract** NON-LEASE CONTRACT/AGREEMENT **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** MISC
- Nature of debtor's interest** CONTRACT PARTY FIT3D
2955 CAMPUS DR., SUITE 110
SAN MATEO CA 94403
- State the term remaining** _____
- List the contract number of any government contract** _____
- 2.45. **Title of contract** NON-LEASE CONTRACT/AGREEMENT **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** MISC
- Nature of debtor's interest** CONTRACT PARTY FIT3D
2955 CAMPUS DR., SUITE 110
SAN MATEO CA 94403
- State the term remaining** _____
- List the contract number of any government contract** _____
- 2.46. **Title of contract** NON-LEASE CONTRACT/AGREEMENT **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** MISC
- Nature of debtor's interest** CONTRACT PARTY FIT3D
2955 CAMPUS DR., SUITE 110
SAN MATEO CA 94403
- State the term remaining** _____
- List the contract number of any government contract** _____
- 2.47. **Title of contract** NON-LEASE CONTRACT/AGREEMENT **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** MISC
- Nature of debtor's interest** CONTRACT PARTY FIT3D
2955 CAMPUS DR., SUITE 110
SAN MATEO CA 94403
- State the term remaining** _____
- List the contract number of any government contract** _____
- 2.48. **Title of contract** NON-LEASE CONTRACT/AGREEMENT **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** MISC
- Nature of debtor's interest** CONTRACT PARTY FIT3D
2955 CAMPUS DR., SUITE 110
SAN MATEO CA 94403
- State the term remaining** _____
- List the contract number of any government contract** _____

Debtor **YouFit Health Clubs, LLC**Case number (if known) **20-12841**

- 2.49. **Title of contract** NON-LEASE CONTRACT/AGREEMENT **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** MISC
- Nature of debtor's interest** CONTRACT PARTY FIT3D
2955 CAMPUS DR., SUITE 110
SAN MATEO CA 94403
- State the term remaining** _____
- List the contract number of any government contract** _____
-
- 2.50. **Title of contract** NON-LEASE CONTRACT/AGREEMENT **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** MISC
- Nature of debtor's interest** CONTRACT PARTY FIT3D
2955 CAMPUS DR., SUITE 110
SAN MATEO CA 94403
- State the term remaining** _____
- List the contract number of any government contract** _____
-
- 2.51. **Title of contract** NON-LEASE CONTRACT/AGREEMENT **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** MISC
- Nature of debtor's interest** CONTRACT PARTY FIT3D
2955 CAMPUS DR., SUITE 110
SAN MATEO CA 94403
- State the term remaining** _____
- List the contract number of any government contract** _____
-
- 2.52. **Title of contract** NON-LEASE CONTRACT/AGREEMENT **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** MISC
- Nature of debtor's interest** CONTRACT PARTY FIT3D
2955 CAMPUS DR., SUITE 110
SAN MATEO CA 94403
- State the term remaining** _____
- List the contract number of any government contract** _____
-
- 2.53. **Title of contract** NON-LEASE CONTRACT/AGREEMENT **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** MISC
- Nature of debtor's interest** CONTRACT PARTY FIT3D
2955 CAMPUS DR., SUITE 110
SAN MATEO CA 94403
- State the term remaining** _____
- List the contract number of any government contract** _____

Debtor **YouFit Health Clubs, LLC**Case number (if known) **20-12841**

- 2.54. **Title of contract** NON-LEASE CONTRACT/AGREEMENT **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** MISC
- Nature of debtor's interest** CONTRACT PARTY FIT3D
2955 CAMPUS DR., SUITE 110
SAN MATEO CA 94403
- State the term remaining** _____
- List the contract number of any government contract** _____
- 2.55. **Title of contract** NON-LEASE CONTRACT/AGREEMENT **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** MISC
- Nature of debtor's interest** CONTRACT PARTY FIT3D
2955 CAMPUS DR., SUITE 110
SAN MATEO CA 94403
- State the term remaining** _____
- List the contract number of any government contract** _____
- 2.56. **Title of contract** PROSCANNER AS A SERVICE SALES ORDER **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** EQUIPMENT / SERVICE AGREEMENT - DALLAS PARKWAY
- Nature of debtor's interest** CONTRACT PARTY FIT3D
585 BROADWAY ST
REDWOOD CITY CA 94063
- State the term remaining** 11/21/2019
- List the contract number of any government contract** _____
- 2.57. **Title of contract** PROSCANNER AS A SERVICE SALES ORDER **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** EQUIPMENT / SERVICE AGREEMENT - DEERFIELD BEACH
- Nature of debtor's interest** CONTRACT PARTY FIT3D
585 BROADWAY ST
REDWOOD CITY CA 94063
- State the term remaining** 11/21/2019
- List the contract number of any government contract** _____
- 2.58. **Title of contract** PROSCANNER AS A SERVICE SALES ORDER **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** EQUIPMENT / SERVICE AGREEMENT - FT LAUDERDALE # 7788
- Nature of debtor's interest** CONTRACT PARTY FIT3D
585 BROADWAY ST
REDWOOD CITY CA 94063
- State the term remaining** 11/21/2019
- List the contract number of any government contract** _____

Debtor **YouFit Health Clubs, LLC**Case number (if known) **20-12841**

- | | | | |
|-------|---|--|--|
| 2.59. | Title of contract
State what the contract or lease is for
Nature of debtor's interest
State the term remaining
List the contract number of any government contract | PROSCANNER AS A SERVICE SALES ORDER
EQUIPMENT / SERVICE AGREEMENT - LOCH REVEN
CONTRACT PARTY
11/24/2019
<hr/> | State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease
FIT3D
585 BROADWAY ST
REDWOOD CITY CA 94063 |
| 2.60. | Title of contract
State what the contract or lease is for
Nature of debtor's interest
State the term remaining
List the contract number of any government contract | PROSCANNER AS A SERVICE SALES ORDER
EQUIPMENT / SERVICE AGREEMENT - MIAMI 87
CONTRACT PARTY
5/13/2020
<hr/> | State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease
FIT3D
585 BROADWAY ST
REDWOOD CITY CA 94063 |
| 2.61. | Title of contract
State what the contract or lease is for
Nature of debtor's interest
State the term remaining
List the contract number of any government contract | FIT3D SERVICE AGREEMENT
EQUIPMENT AGREEMENT
CONTRACT PARTY
5/13/2020 WITH AUTOMATIC 1- MONTH RENEWALS
<hr/> | State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease
FIT3D
585 BROADWAY ST
REDWOOD CITY CA 94063 |
| 2.62. | Title of contract
State what the contract or lease is for
Nature of debtor's interest
State the term remaining
List the contract number of any government contract | FIT3D SERVICE AGREEMENT
EQUIPMENT / SERVICE AGREEMENT - DANIA POINT
CONTRACT PARTY
3/7/2020 WITH AUTOMATIC 1 - MONTH RENEWAL
<hr/> | State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease
FIT3D
585 BROADWAY ST
REDWOOD CITY CA 94063 |
| 2.63. | Title of contract
State what the contract or lease is for
Nature of debtor's interest
State the term remaining
List the contract number of any government contract | PROSCANNER AS A SERVICE SALES ORDER
EQUIPMENT / SERVICE AGREEMENT - LAUDERHILL
CONTRACT PARTY
8/20/2020
<hr/> | State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease
FIT3D
585 BROADWAY ST
REDWOOD CITY CA 94063 |

Debtor **YouFit Health Clubs, LLC**Case number (if known) **20-12841**

- | | | | |
|-------|---|---|--|
| 2.64. | Title of contract
State what the contract or lease is for
Nature of debtor's interest
State the term remaining
List the contract number of any government contract | PROSCANNER AS A SERVICE SALES ORDER
EQUIPMENT / SERVICE AGREEMENT - SARASONA - TUTTLE
CONTRACT PARTY
4/25/2020
<hr/> | State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease
FIT3D
585 BROADWAY ST
REDWOOD CITY CA 94063 |
| 2.65. | Title of contract
State what the contract or lease is for
Nature of debtor's interest
State the term remaining
List the contract number of any government contract | PROSCANNER AS A SERVICE SALES ORDER
EQUIPMENT / SERVICE AGREEMENT - ALTAMONTE
CONTRACT PARTY
4/25/2020
<hr/> | State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease
FIT3D
585 BROADWAY ST
REDWOOD CITY CA 94063 |
| 2.66. | Title of contract
State what the contract or lease is for
Nature of debtor's interest
State the term remaining
List the contract number of any government contract | PROSCANNER AS A SERVICE SALES ORDER
EQUIPMENT / SERVICE AGREEMENT - BETHANY
CONTRACT PARTY
4/25/2020
<hr/> | State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease
FIT3D
585 BROADWAY ST
REDWOOD CITY CA 94063 |
| 2.67. | Title of contract
State what the contract or lease is for
Nature of debtor's interest
State the term remaining
List the contract number of any government contract | PROSCANNER AS A SERVICE SALES ORDER
EQUIPMENT / SERVICE AGREEMENT - LAND O LAKES
CONTRACT PARTY
4/25/2020
<hr/> | State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease
FIT3D
585 BROADWAY ST
REDWOOD CITY CA 94063 |
| 2.68. | Title of contract
State what the contract or lease is for
Nature of debtor's interest
State the term remaining
List the contract number of any government contract | PROSCANNER AS A SERVICE SALES ORDER
EQUIPMENT / SERVICE AGREEMENT - WEST PALM - OKEECHOBEE
CONTRACT PARTY
4/25/2020
<hr/> | State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease
FIT3D
585 BROADWAY ST
REDWOOD CITY CA 94063 |

Debtor **YouFit Health Clubs, LLC**Case number (if known) **20-12841**

- | | | | |
|-------|---|---|---|
| 2.69. | Title of contract
State what the contract or lease is for
Nature of debtor's interest
State the term remaining
List the contract number of any government contract | PROSCANNER AS A SERVICE SALES ORDER
EQUIPMENT / SERVICE AGREEMENT - ALTAMONTE SPRINGS 7460
CONTRACT PARTY
10/15/202
_____ | State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease
FIT3D
585 BROADWAY ST
REDWOOD CITY CA 94063 |
| 2.70. | Title of contract
State what the contract or lease is for
Nature of debtor's interest
State the term remaining
List the contract number of any government contract | FIVE9 MASTER SERVICES CONTRACT
SOFTWARE SUBSCRIPTION & TELECOMMUNICATIONS SERVICES - FT LAUDERDALE
CONTRACT PARTY
UNTIL ALL SUBSCRIPTIONS & SERVICES HAVE EXPIRED
_____ | State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease
FIVE9 INC
4000 EXECUTIVE PARKWAY
STE 400
SAN RAMON CA 94583 |
| 2.71. | Title of contract
State what the contract or lease is for
Nature of debtor's interest
State the term remaining
List the contract number of any government contract | FIVE9 SERVICE ORDER & ADDTL SEATS CHANGE ORDER
CHILDS DOMAIN
CONTRACT PARTY
MONTH TO MONTH
_____ | State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease
FIVE9 INC
4000 EXECUTIVE PARKWAY
STE 400
SAN RAMON CA 94583 |
| 2.72. | Title of contract
State what the contract or lease is for
Nature of debtor's interest
State the term remaining
List the contract number of any government contract | NON-LEASE CONTRACT/AGREEMENT
OUTSIDESVC
CONTRACT PARTY

_____ | State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease
FORTRESS SECURITY, LLC
FORTRESS SECURITY LLC
PO BOX 200337
ARLINGTON TX 76006 |
| 2.73. | Title of contract
State what the contract or lease is for
Nature of debtor's interest
State the term remaining
List the contract number of any government contract | NON-LEASE CONTRACT/AGREEMENT
OUTSIDESVC
CONTRACT PARTY

_____ | State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease
FORTRESS SECURITY, LLC
FORTRESS SECURITY LLC
PO BOX 200337
ARLINGTON TX 76006 |

Debtor **YouFit Health Clubs, LLC**Case number (if known) **20-12841**

- 2.74. **Title of contract** NON-LEASE CONTRACT/AGREEMENT **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** OUTSIDESVC
- Nature of debtor's interest** CONTRACT PARTY FORTRESS SECURITY, LLC
FORTRESS SECURITY LLC
PO BOX 200337
ARLINGTON TX 76006
- State the term remaining** _____
- List the contract number of any government contract** _____
- 2.75. **Title of contract** SERVICES AGREEMENT **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** PROFESSIONAL SERVICES – IT
- Nature of debtor's interest** CONTRACT PARTY FREDERICK FOX
602 HOLLOWS CIRCLE
DEERFIELD BEACH FL 33442
- State the term remaining** _____
- List the contract number of any government contract** _____
- 2.76. **Title of contract** BUSINESS SERVICES **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** SERVICES AGREEMENT
- Nature of debtor's interest** CONTRACT PARTY FRESHADDRESS LLC
36 CRAFTS ST
NEWTON MA 02458
- State the term remaining** 11/16/2019
- List the contract number of any government contract** _____
- 2.77. **Title of contract** NON-LEASE CONTRACT/AGREEMENT **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** LIC & FEES
- Nature of debtor's interest** CONTRACT PARTY GLOBAL MUSIC RIGHTS, LLC
1801 W. OLYMPIC BLVD.
PASADENA, CA 91199-2281
- State the term remaining** _____
- List the contract number of any government contract** _____
- 2.78. **Title of contract** NON-LEASE CONTRACT/AGREEMENT **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** INSURANCE
- Nature of debtor's interest** CONTRACT PARTY GREAT AMERICAN INSURANCE
(MULTIPLE)
GREAT AMERICAN INSURANCE
COMPANY
SPECIALTY ACCOUNTING
PO BOX 89400
CLEVELAND OH 44101-6400
- State the term remaining** _____
- List the contract number of any government contract** _____

Debtor **YouFit Health Clubs, LLC**Case number (if known) **20-12841**

- | | | | |
|-------|---|---|---|
| 2.79. | Title of contract
State what the contract or lease is for
Nature of debtor's interest
State the term remaining
List the contract number of any government contract | SURETY BOND
BOND- S - NO. MS3470874
PARTY
7/30/2021
_____ | State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease
GREAT AMERICAN INSURANCE GROUP
ADMINISTRATIVE OFFICES
301 EAST 4TH STREET
CINCINNATI OH 45202 |
| 2.80. | Title of contract
State what the contract or lease is for
Nature of debtor's interest
State the term remaining
List the contract number of any government contract | INSURANCE
PROPERTY INSURANCE - POLICY NO. MAC 309-60-88-01
INSURED
5/4/2021
_____ | State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease
GREAT AMERICAN INSURANCE GROUP
ADMINISTRATIVE OFFICES
301 EAST 4TH STREET
CINCINNATI OH 45202 |
| 2.81. | Title of contract
State what the contract or lease is for
Nature of debtor's interest
State the term remaining
List the contract number of any government contract | INSURANCE
GENERAL LIABILITY AND PROPERTY INSURANCE - POLICY NO. PAC 073-81-86-06
INSURED
5/4/2021
_____ | State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease
GREAT AMERICAN INSURANCE GROUP
ADMINISTRATIVE OFFICES
301 EAST 4TH STREET
CINCINNATI OH 45202 |
| 2.82. | Title of contract
State what the contract or lease is for
Nature of debtor's interest
State the term remaining
List the contract number of any government contract | INSURANCE
UMBRELLA INSURANCE - POLICY NO. UMB 0738187 06
INSURED
5/4/2021
_____ | State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease
GREAT AMERICAN INSURANCE GROUP
ADMINISTRATIVE OFFICES
301 EAST 4TH STREET
CINCINNATI OH 45202 |
| 2.83. | Title of contract
State what the contract or lease is for
Nature of debtor's interest
State the term remaining
List the contract number of any government contract | SERVICES AGREEMENT
LEGAL SERVICES
CONTRACT PARTY

_____ | State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease
HALL, LAMB, HALL & LETO, P.A.
2665 SOTH BAYSHORE DRIVE
PENTHOUSE ONE
MIAMI FL 33133 |

Debtor **YouFit Health Clubs, LLC**Case number (if known) **20-12841**

- 2.84. **Title of contract** MATERIAL CONTRACTS **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** TELEPHONE/COMMUNICATIONS/INTERNET
- Nature of debtor's interest** CONTRACT PARTY IGT MEDIA HOLDINGS INC
8395 NE 2ND AVE
MIAMI FL 33138
- State the term remaining** _____
- List the contract number of any government contract** _____
- 2.85. **Title of contract** NON-LEASE CONTRACT/AGREEMENT **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** ADV
- Nature of debtor's interest** CONTRACT PARTY IGT MEDIA HOLDINGS, INC
8395 NE 2ND AVE
MIAMI FL 33138
- State the term remaining** _____
- List the contract number of any government contract** _____
- 2.86. **Title of contract** WORK ORDER **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** CUSTOMER SUPPORT & PROJECT MANAGEMENT
- Nature of debtor's interest** CONTRACT PARTY INTRLINKDS INC
385 THIRD AVENUE
NINTH FLOOR
NEW YORK NY 10017
- State the term remaining** _____
- List the contract number of any government contract** _____
- 2.87. **Title of contract** D&O POLICY **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** _____
- Nature of debtor's interest** _____ IRONSHORE INSURANCE
SERVICES, LLC
28 LIBERTY STREET
5TH FLOOR
NEW YORK NY 10005
- State the term remaining** _____
- List the contract number of any government contract** _____
- 2.88. **Title of contract** NON-LEASE CONTRACT/AGREEMENT **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** OUTSIDESVC
- Nature of debtor's interest** CONTRACT PARTY JOHNSON CONTROLS
4700 EXCHANGE COURT, SUITE 300
BOCA RATON FL 33431
- State the term remaining** _____
- List the contract number of any government contract** _____

Debtor **YouFit Health Clubs, LLC**Case number (if known) **20-12841**

- | | | | |
|-------|---|--|---|
| 2.89. | Title of contract
State what the contract or lease is for
Nature of debtor's interest
State the term remaining
List the contract number of any government contract | SERVICE AGREEMENT
SERVICES AGREEMENT - FIRE & LIFE SYSTEMS - BOYNTON BEACH
CONTRACT PARTY
1/1/2021
_____ | State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease
JOHNSON CONTROLS
14200 E EXPOSITION AVENUE
AURORA CO 80012 |
| 2.90. | Title of contract
State what the contract or lease is for
Nature of debtor's interest
State the term remaining
List the contract number of any government contract | RETENTION / SEVERANCE AGREEMENT
EMPLOYEE AGREEMENT
CONTRACT PARTY
24 MONTHS
_____ | State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease
JOHNSON, JESSICA
Address Intentionally Omitted |
| 2.91. | Title of contract
State what the contract or lease is for
Nature of debtor's interest
State the term remaining
List the contract number of any government contract | MASTER COMMERCIAL CARD AGREEMENT
CREDIT CARD AGREEMENT
CONTRACT PARTY
6/24/2022
_____ | State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease
JPMORGAN CHASE BANK NA
ATTN: COMMERCIAL CARD LEGAL
10 S. DEARBORN STREET
MAIL CODE IL 1-0286
CHICAGO IL 60603-2300 |
| 2.92. | Title of contract
State what the contract or lease is for
Nature of debtor's interest
State the term remaining
List the contract number of any government contract | RETENTION / SEVERANCE AGREEMENT
EMPLOYEE AGREEMENT
CONTRACT PARTY
12 MONTHS
_____ | State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease
JULIANELLI, ROGER
Address Intentionally Omitted |
| 2.93. | Title of contract
State what the contract or lease is for
Nature of debtor's interest
State the term remaining
List the contract number of any government contract | PREFERRED UNIT PURCHASE AGREEMENT

_____ | State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease
JULIANELLI, ROGER
1350 E. NEWPORT CENTER DRIVE
SUITE 110
DEERFIELD BEACH FL 33442 |

Debtor **YouFit Health Clubs, LLC**Case number (if known) **20-12841**

- 2.94. **Title of contract** REAL PROPERTY LEASE
State what the contract or lease is for LOCATION 1000 - LEGAL OFFICE - 111 2ND AVENUE NE, SUITE 1402, ST PETERSBURG, FL 33701
Nature of debtor's interest LESSEE
State the term remaining OMNIBUS LEASE REJECTION MOTION, DOCKET NO. 28
List the contract number of any government contract _____
- State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
 KALYVAS GROUP LLC
 111 SECOND AVENUE NE STE 702
 ST. PETERSBURG FL 33701
- 2.95. **Title of contract** SERVICES AGREEMENT
State what the contract or lease is for TAX SERVICES
Nature of debtor's interest CONTRACT PARTY
State the term remaining _____
List the contract number of any government contract _____
- State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
 KPMG LLP
 DEPT 0608
 PO BOX 120608
 DALLAS TX 75312-0608
- 2.96. **Title of contract** SERVICES AGREEMENT
State what the contract or lease is for LEGAL SERVICES
Nature of debtor's interest CONTRACT PARTY
State the term remaining _____
List the contract number of any government contract _____
- State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
 LAW OFFICES OF DENNIS L. COOK, PLLC
 132 ST PETERSBURG DR. W
 OLDSMAR FL 34677
- 2.97. **Title of contract** SERVICES AGREEMENT
State what the contract or lease is for LEGAL SERVICES
Nature of debtor's interest CONTRACT PARTY
State the term remaining _____
List the contract number of any government contract _____
- State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
 LAW OFFICES OF SHAWN L. BIRKEN
 100 S E 3RD AVE STE 1300
 FT. LAUDERDALE FL 33394
- 2.98. **Title of contract** NON-LEASE CONTRACT/AGREEMENT
State what the contract or lease is for MISC
Nature of debtor's interest CONTRACT PARTY
State the term remaining _____
List the contract number of any government contract _____
- State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
 LES MILL UNITED STATES TRADING, INC.
 LES MILLS UNITED STATES TRADING INC
 PO BOX 74008587
 CHICAGO IL 60674-8587

Debtor **YouFit Health Clubs, LLC**Case number (if known) **20-12841**

- 2.99. **Title of contract** NON-LEASE CONTRACT/AGREEMENT **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** EMP BENEF
- Nature of debtor's interest** CONTRACT PARTY LINA
LINA
P. O. BOX 782447
PHILADELPHIA, PA 19178-2447
- State the term remaining** _____
- List the contract number of any government contract** _____
- 2.100. **Title of contract** NON-LEASE CONTRACT/AGREEMENT **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** MISC
- Nature of debtor's interest** CONTRACT PARTY LISTEN360
11625 RAINWATER DRIVE, SUITE
645
ALPHARETTA GA 30009
- State the term remaining** _____
- List the contract number of any government contract** _____
- 2.101. **Title of contract** ORDER FORM **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** _____
- Nature of debtor's interest** CONTRACT PARTY LISTEN360, INC
11625 RAINWATER DR STE 645
ALPHARETTA GA 30009
- State the term remaining** 8/1/2021
- List the contract number of any government contract** _____
- 2.102. **Title of contract** NON-LEASE CONTRACT/AGREEMENT **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** ADV
- Nature of debtor's interest** CONTRACT PARTY LOCAL MANAGEMENT
200 LINDELL BLVD
SUITE #914
DELRAY BEACH FL 33483
- State the term remaining** _____
- List the contract number of any government contract** _____
- 2.103. **Title of contract** RETENTION / SEVERANCE AGREEMENT **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** EMPLOYEE AGREEMENT
- Nature of debtor's interest** CONTRACT PARTY MAYER, DAVID A
Address Intentionally Omitted
- State the term remaining** 12 MONTHS
- List the contract number of any government contract** _____

Debtor **YouFit Health Clubs, LLC**Case number (if known) **20-12841**

- 2.104. **Title of contract** RETENTION / SEVERANCE AGREEMENT
State what the contract or lease is for EMPLOYEE AGREEMENT
Nature of debtor's interest CONTRACT PARTY
State the term remaining 2 MONTHS
List the contract number of any government contract _____
- State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
MERRYMAN, RONALD P
Address Intentionally Omitted
- 2.105. **Title of contract** MASTER SERVICES AGREEMENT AND MOSAIC ACTIVATION
State what the contract or lease is for SERVICES AGREEMENT - PROJECT MANagements
Nature of debtor's interest CONTRACT PARTY
State the term remaining _____
List the contract number of any government contract _____
- State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
MOSAIC CONSULTING GROUP
ATTN VICKI HILL
2503 EUGENIA AVE
NASHVILLE TN 37211
- 2.106. **Title of contract** NON-LEASE CONTRACT/AGREEMENT
State what the contract or lease is for MISC
Nature of debtor's interest CONTRACT PARTY
State the term remaining _____
List the contract number of any government contract _____
- State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
MOTUS CREATIVE
7304 10TH ST SE
STE A203
LAKE STEVENS WA 98258
- 2.107. **Title of contract** OVERVIEW
State what the contract or lease is for SERVICES AGREEMENT - TARGETED DIRECT MAIL AND SOCIAL MEDIA ADS
Nature of debtor's interest CONTRACT PARTY
State the term remaining _____
List the contract number of any government contract _____
- State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
MOTUS CREATIVE LLC
7304 10TH ST SE
LAKE STEVENS WA 98258
- 2.108. **Title of contract** INSURANCE
State what the contract or lease is for PROPERTY (VACANT) INSURANCE - POLICY NO. CP 2636179
Nature of debtor's interest INSURED
State the term remaining 5/13/2021
List the contract number of any government contract _____
- State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
MOUNT VERNON FIRE INS. CO.
1190 DEVON PARK DRIVE
WAYNE PA 19087

Debtor **YouFit Health Clubs, LLC**Case number (if known) **20-12841**

- | | | | |
|--------|---|---|--|
| 2.109. | Title of contract
State what the contract or lease is for
Nature of debtor's interest
State the term remaining
List the contract number of any government contract | RETENTION / SEVERANCE AGREEMENT
EMPLOYEE AGREEMENT
CONTRACT PARTY
2 MONTHS
_____ | State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease
NEKOLOFF, NICOLE M
Address Intentionally Omitted |
| | | | |
| 2.110. | Title of contract
State what the contract or lease is for
Nature of debtor's interest
State the term remaining
List the contract number of any government contract | NON-LEASE CONTRACT/AGREEMENT
UTILITIES
CONTRACT PARTY

_____ | State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease
NEW HORIZON COMMUNICATIONS
NEW HORIZON COMMUNICATIONS
P.O. BOX 981073
BOSTON MA 02298-1073 |
| | | | |
| 2.111. | Title of contract
State what the contract or lease is for
Nature of debtor's interest
State the term remaining
List the contract number of any government contract | NEXTIVA SERVICE AGREEMENT & ADDENDUMS
SERVICES AGREEMENT - NETWORK
CONTRACT PARTY
6/28/2018
_____ | State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease
NEXTIVA
8800 E CHAPARRAL RD
STE 300
SCOTTSDALE AZ 85250 |
| | | | |
| 2.112. | Title of contract
State what the contract or lease is for
Nature of debtor's interest
State the term remaining
List the contract number of any government contract | NON-LEASE CONTRACT/AGREEMENT
MISC
CONTRACT PARTY

_____ | State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease
OPENSESAME
OPENSESAME, INC
DEPT LA 24661
PASADENA CA 91185-4661 |
| | | | |
| 2.113. | Title of contract
State what the contract or lease is for
Nature of debtor's interest
State the term remaining
List the contract number of any government contract | SOFTWARE LICENSE FOR ONLINE COURSES
SERVICES AGREEMENT - EMPLOYEE TRAINING
CONTRACT PARTY
6/8/2018 WITH AUTOMATIC 1 YEAR RENEWALS
_____ | State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease
OPENSESAME INC
1629 WEST SALMON ST
PORTLAND OR 97205 |

Debtor **YouFit Health Clubs, LLC**Case number (if known) **20-12841**

- | | | | |
|--------|--|--|---|
| 2.114. | Title of contract | REAL PROPERTY LEASE | State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease |
| | State what the contract or lease is for | NO. 9371 - HEADQUARTERS REAL PROPERTY LEASE - 1350 E NEWPORT CENTER DR, SUITE 110, DEERFIELD BEACH, FL 33442 | POLYGLASS
DEPT 2663
PO BOX 122663
DALLAS TX 75312 |
| | Nature of debtor's interest | LESSEE | |
| | State the term remaining | _____ | |
| | List the contract number of any government contract | _____ | |
| | | | |
| 2.115. | Title of contract | RETENTION / SEVERANCE AGREEMENT | State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease |
| | State what the contract or lease is for | EMPLOYEE AGREEMENT | POTTS, JASON
Address Intentionally Omitted |
| | Nature of debtor's interest | CONTRACT PARTY | |
| | State the term remaining | 2 MONTHS | |
| | List the contract number of any government contract | _____ | |
| | | | |
| 2.116. | Title of contract | EXCLUSIVE LOCATION AND PLACEMENT AGREEMENT | State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease |
| | State what the contract or lease is for | SERVICES AGREEMENT - VENDING & SMOOTHIE MACHINES | PS SUPPLIERS LLC
90 SW 3 STREET
MIAMI FL 33131 |
| | Nature of debtor's interest | CONTRACT PARTY | |
| | State the term remaining | 6/29/2017 AND MONTH TO MONTH THEREAFTER | |
| | List the contract number of any government contract | _____ | |
| | | | |
| 2.117. | Title of contract | HOT SCHEDULES - MOBILE, CLOUD-BASED TECHNOLOGY | State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease |
| | State what the contract or lease is for | SERVICES AGREEMENT 7805 & 7798 | RED BOOK CONNECT, LLC
3440 PRESTON RIDGE RD #650
ALPHARETTA GA 30005 |
| | Nature of debtor's interest | CONTRACT PARTY | |
| | State the term remaining | MONTH TO MONTH | |
| | List the contract number of any government contract | _____ | |
| | | | |
| 2.118. | Title of contract | HOT SCHEDULES - MOBILE, CLOUD-BASED TECHNOLOGY | State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease |
| | State what the contract or lease is for | SERVICES AGREEMENT 2602 - WEST COBB | RED BOOK CONNECT, LLC
3440 PRESTON RIDGE RD #650
ALPHARETTA GA 30005 |
| | Nature of debtor's interest | CONTRACT PARTY | |
| | State the term remaining | MONTH TO MONTH | |
| | List the contract number of any government contract | _____ | |

Debtor **YouFit Health Clubs, LLC**Case number (if known) **20-12841**

- | | | | |
|--------|--|--|---|
| 2.119. | Title of contract | HOT SCHEDULES - MOBILE, CLOUD-BASED TECHNOLOGY | State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease |
| | State what the contract or lease is for | SERVICES AGREEMENT 7750 | |
| | Nature of debtor's interest | CONTRACT PARTY | RED BOOK CONNECT, LLC
3440 PRESTON RIDGE RD #650
ALPHARETTA GA 30005 |
| | State the term remaining | MONTH TO MONTH | |
| | List the contract number of any government contract | _____ | |
| | | | |
| 2.120. | Title of contract | HOT SCHEDULES - MOBILE, CLOUD-BASED TECHNOLOGY | State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease |
| | State what the contract or lease is for | SERVICES AGREEMENT LAUDERHILL | |
| | Nature of debtor's interest | CONTRACT PARTY | RED BOOK CONNECT, LLC
3440 PRESTON RIDGE RD #650
ALPHARETTA GA 30005 |
| | State the term remaining | MONTH TO MONTH | |
| | List the contract number of any government contract | _____ | |
| | | | |
| 2.121. | Title of contract | HOT SCHEDULES - SERVICE ORDER FORM | State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease |
| | State what the contract or lease is for | SERVICES AGREEMENT | |
| | Nature of debtor's interest | CONTRACT PARTY | RED BOOK CONNECT, LLC
3440 PRESTON RIDGE RD #650
ALPHARETTA GA 30005 |
| | State the term remaining | MONTH TO MONTH | |
| | List the contract number of any government contract | _____ | |
| | | | |
| 2.122. | Title of contract | HOT SCHEDULES - STATEMENT OF WORK | State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease |
| | State what the contract or lease is for | SERVICES AGREEMENT | |
| | Nature of debtor's interest | CONTRACT PARTY | RED BOOK CONNECT, LLC
3440 PRESTON RIDGE RD #650
ALPHARETTA GA 30005 |
| | State the term remaining | MONTH TO MONTH | |
| | List the contract number of any government contract | _____ | |
| | | | |
| 2.123. | Title of contract | STATEMENT OF WORK | State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease |
| | State what the contract or lease is for | PROPOSAL | |
| | Nature of debtor's interest | CONTRACT PARTY | RED BOOK CONNECT, LLC
3440 PRESTON RIDGE RD #650
ALPHARETTA GA 30005 |
| | State the term remaining | _____ | |
| | List the contract number of any government contract | _____ | |

Debtor **YouFit Health Clubs, LLC**Case number (if known) **20-12841**

- 2.124. **Title of contract** NON-LEASE CONTRACT/AGREEMENT **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** OUTSIDESVC
- Nature of debtor's interest** CONTRACT PARTY RED HAWK FIRE & SECURITY
RED HAWK FIRE & SECURITY, LLC
PO BOX 530212
ATLANTA GA 30353-0212
- State the term remaining** _____
- List the contract number of any government contract** _____
- 2.125. **Title of contract** NON-LEASE CONTRACT/AGREEMENT **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** OUTSIDESVC
- Nature of debtor's interest** CONTRACT PARTY REDWIRE
1136 THOMASVILLE RD
TALLAHASSEE FL 32303
- State the term remaining** _____
- List the contract number of any government contract** _____
- 2.126. **Title of contract** CLIENT AGREEMENT **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** SERVICES AGREEMENTS - FIRE, BURGLARY AND LINE AGREEMENT - TALLAHASSEE
- Nature of debtor's interest** CONTRACT PARTY REDWIRE
1136 THOMASVILLE RD.
TALLAHASSEE FL 32303
- State the term remaining** 2/19/2022
- List the contract number of any government contract** _____
- 2.127. **Title of contract** NON-LEASE CONTRACT/AGREEMENT **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** LIC & FEES
- Nature of debtor's interest** CONTRACT PARTY SADA SYSTEMS, INC
5250 LANKERSHIM BLVD #620
NORTH HOLLYWOOD CA 91601
- State the term remaining** _____
- List the contract number of any government contract** _____
- 2.128. **Title of contract** NON-LEASE CONTRACT/AGREEMENT **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** OUTSIDESVC
- Nature of debtor's interest** CONTRACT PARTY SAFEGUARD
SAFEGUARD SECURITY
P. O. BOX 840180
DALLAS TX 75284-0180
- State the term remaining** _____
- List the contract number of any government contract** _____

Debtor **YouFit Health Clubs, LLC**Case number (if known) **20-12841**

- 2.129. **Title of contract** NON-LEASE CONTRACT/AGREEMENT **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** ADV
- Nature of debtor's interest** CONTRACT PARTY SALESFORCE
SALESFORCE.COM, INC
P.O. BOX 203141
DALLAS TX 75320-3141
- State the term remaining** _____
- List the contract number of any government contract** _____
-
- 2.130. **Title of contract** NON-LEASE CONTRACT/AGREEMENT **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** ADV
- Nature of debtor's interest** CONTRACT PARTY SALESFORCE
SALESFORCE.COM, INC
P.O. BOX 203141
DALLAS TX 75320-3141
- State the term remaining** _____
- List the contract number of any government contract** _____
-
- 2.131. **Title of contract** NON-LEASE CONTRACT/AGREEMENT **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** ADV
- Nature of debtor's interest** CONTRACT PARTY SALESFORCE.COM, INC
SALESFORCE.COM, INC
P.O. BOX 203141
DALLAS TX 75320-3141
- State the term remaining** _____
- List the contract number of any government contract** _____
-
- 2.132. **Title of contract** MASTER SUBSCRIPTION AGREEMENT & STATEMENT OF WORK **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** LIGHTNING SERVICE & DIGITAL ENGAGEMENT SERVICE - ST. PETERSBURG
- Nature of debtor's interest** CONTRACT PARTY SALESFORCE.COM, INC.
415 MISSION ST 3RD FL
SAN FRANCISCO CA 94105
- State the term remaining** 10/28/2021
- List the contract number of any government contract** _____
-
- 2.133. **Title of contract** ORDER FORM **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** SOFTWARE LICENSE AGREEMENT
- Nature of debtor's interest** CONTRACT PARTY SALESFORCE.COM, INC.
415 MISSION ST 3RD FL
SAN FRANCISCO CA 94105
- State the term remaining** 8/14/2021
- List the contract number of any government contract** _____

Debtor **YouFit Health Clubs, LLC**Case number (if known) **20-12841**

- | | | | |
|--------|---|--|--|
| 2.134. | Title of contract
State what the contract or lease is for
Nature of debtor's interest
State the term remaining
List the contract number of any government contract | INSURANCE
PROPERTY (VACANT) INSURANCE - POLICY NO. CPS7092438
INSURED
3/31/2021
_____ | State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease
SCOTTSDALE INSURANCE COMPANY
8877 NORTH GAINEY CENTER DRIVE
SCOTTSDALE AZ 85258 |
| 2.135. | Title of contract
State what the contract or lease is for
Nature of debtor's interest
State the term remaining
List the contract number of any government contract | ALARM AGREEMENT
SERVICES AGREEMENT - ALARMS - BOCA RATON
CONTRACT PARTY
1/11/2022
_____ | State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease
SECURITY SYSTEMS OF SOUTH FLORIDA LLC
1440 CORAL RIDGE DR
STE 497
CORAL SPRINGS FL 33071 |
| 2.136. | Title of contract
State what the contract or lease is for
Nature of debtor's interest
State the term remaining
List the contract number of any government contract | ALARM AGREEMENT
SERVICES AGREEMENT - ALARMS - CORAL SPRINGS
CONTRACT PARTY
1/11/2022
_____ | State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease
SECURITY SYSTEMS OF SOUTH FLORIDA LLC
1440 CORAL RIDGE DR
STE 497
CORAL SPRINGS FL 33071 |
| 2.137. | Title of contract
State what the contract or lease is for
Nature of debtor's interest
State the term remaining
List the contract number of any government contract | ALARM AGREEMENT
SERVICES AGREEMENT - ALARMS - DEERFIELD BEACH
CONTRACT PARTY
1/11/2022
_____ | State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease
SECURITY SYSTEMS OF SOUTH FLORIDA LLC
1440 CORAL RIDGE DR
STE 497
CORAL SPRINGS FL 33071 |
| 2.138. | Title of contract
State what the contract or lease is for
Nature of debtor's interest
State the term remaining
List the contract number of any government contract | ALARM AGREEMENT
SERVICES AGREEMENT - ALARMS - HOLLYWOOD
CONTRACT PARTY
1/11/2022
_____ | State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease
SECURITY SYSTEMS OF SOUTH FLORIDA LLC
1440 CORAL RIDGE DR
STE 497
CORAL SPRINGS FL 33071 |

Debtor **YouFit Health Clubs, LLC**Case number (if known) **20-12841**

- | | | | |
|--------|---|--|--|
| 2.139. | Title of contract
State what the contract or lease is for
Nature of debtor's interest
State the term remaining
List the contract number of any government contract | ALARM AGREEMENT
SERVICES AGREEMENT - ALARMS - WEST PALM BEACH
CONTRACT PARTY
1/11/2022
_____ | State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease
SECURITY SYSTEMS OF SOUTH FLORIDA LLC
1440 CORAL RIDGE DR
STE 497
CORAL SPRINGS FL 33071 |
| 2.140. | Title of contract
State what the contract or lease is for
Nature of debtor's interest
State the term remaining
List the contract number of any government contract | ALARM AGREEMENT
SERVICES AGREEMENT - ALARMS - PEMBROKE PINES
CONTRACT PARTY
1/11/2022
_____ | State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease
SECURITY SYSTEMS OF SOUTH FLORIDA LLC
1440 CORAL RIDGE DR
STE 497
CORAL SPRINGS FL 33071 |
| 2.141. | Title of contract
State what the contract or lease is for
Nature of debtor's interest
State the term remaining
List the contract number of any government contract | ALARM AGREEMENT
SERVICES AGREEMENT - ALARMS - POMPANNO BEACH
CONTRACT PARTY
1/11/2022
_____ | State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease
SECURITY SYSTEMS OF SOUTH FLORIDA LLC
1440 CORAL RIDGE DR
STE 497
CORAL SPRINGS FL 33071 |
| 2.142. | Title of contract
State what the contract or lease is for
Nature of debtor's interest
State the term remaining
List the contract number of any government contract | ALARM AGREEMENT
SERVICES AGREEMENT - ALARMS - SUNRISE
CONTRACT PARTY
1/11/2022
_____ | State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease
SECURITY SYSTEMS OF SOUTH FLORIDA LLC
1440 CORAL RIDGE DR
STE 497
CORAL SPRINGS FL 33071 |
| 2.143. | Title of contract
State what the contract or lease is for
Nature of debtor's interest
State the term remaining
List the contract number of any government contract | ALARM AGREEMENT
SERVICES AGREEMENT - ALARMS - MARGATE
CONTRACT PARTY
1/11/2022
_____ | State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease
SECURITY SYSTEMS OF SOUTH FLORIDA LLC
1440 CORAL RIDGE DR
STE 497
CORAL SPRINGS FL 33071 |

Debtor **YouFit Health Clubs, LLC**Case number (if known) **20-12841**

- 2.144. **Title of contract** ALARM AGREEMENT **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** SERVICES AGREEMENT - ALARMS - MIAMI
- Nature of debtor's interest** CONTRACT PARTY SECURITY SYSTEMS OF SOUTH FLORIDA LLC
1440 CORAL RIDGE DR
STE 497
CORAL SPRINGS FL 33071
- State the term remaining** 1/11/2022
- List the contract number of any government contract** _____
- 2.145. **Title of contract** NON-LEASE CONTRACT/AGREEMENT **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** MISC
- Nature of debtor's interest** CONTRACT PARTY SECURITY SYSTEMS OF SOUTH FLORIDA, LLC
1440 CORAL RIDGE DRIVE
SUITE 497
CORAL SPRINGS FL 33071
- State the term remaining** _____
- List the contract number of any government contract** _____
- 2.146. **Title of contract** NON-LEASE CONTRACT/AGREEMENT **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** LIC & FEES
- Nature of debtor's interest** CONTRACT PARTY SESAC
SESAC
P. O. BOX 5246
NEW YORK, NY 10008-5246
- State the term remaining** _____
- List the contract number of any government contract** _____
- 2.147. **Title of contract** RETENTION / SEVERANCE AGREEMENT **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** EMPLOYEE AGREEMENT
- Nature of debtor's interest** CONTRACT PARTY SMITH, STUART
Address Intentionally Omitted
- State the term remaining** 2 MONTHS
- List the contract number of any government contract** _____
- 2.148. **Title of contract** QUOTE **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** SERVICES AGREEMENT - SALESFORCE BACKUP
- Nature of debtor's interest** CONTRACT PARTY SPANNING
SPANNING CLOUD APPS LLC
PO BOX 392288
PITTSBURGH PA 15251-9288
- State the term remaining** 4/18/2021
- List the contract number of any government contract** _____

Debtor **YouFit Health Clubs, LLC**Case number (if known) **20-12841**

- | | | | |
|--------|---|---|--|
| 2.149. | Title of contract
State what the contract or lease is for
Nature of debtor's interest
State the term remaining
List the contract number of any government contract | NON-LEASE CONTRACT/AGREEMENT
ADV
CONTRACT PARTY
<hr/> <hr/> | State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease
SPANNING CONTRACT
SPANNING CLOUD APPS LLC
PO BOX 392288
PITTSBURGH PA 15251-9288 |
| 2.150. | Title of contract
State what the contract or lease is for
Nature of debtor's interest
State the term remaining
List the contract number of any government contract | FULL SPECTRUM COMMUNICATIONS
SERVICES AGREEMENT - COMMUNICATIONS
SUBSCRIPTION - 7750
CONTRACT PARTY
6/5/2025
<hr/> | State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease
STAR2STAR COMMUNICATIONS
ATTN LEGAL DEPT
1605 MAIN ST
SARASOTA FL 34236 |
| 2.151. | Title of contract
State what the contract or lease is for
Nature of debtor's interest
State the term remaining
List the contract number of any government contract | FULL SPECTRUM COMMUNICATIONS
SERVICES AGREEMENT - COMMUNICATIONS
SUBSCRIPTION - FLAGLER
CONTRACT PARTY
5/17/2023
<hr/> | State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease
STAR2STAR COMMUNICATIONS
ATTN LEGAL DEPT
1605 MAIN ST
SARASOTA FL 34236 |
| 2.152. | Title of contract
State what the contract or lease is for
Nature of debtor's interest
State the term remaining
List the contract number of any government contract | FULL SPECTRUM COMMUNICATIONS
SERVICES AGREEMENT - COMMUNICATIONS
SUBSCRIPTION - PARADISE SQUARE
CONTRACT PARTY
5/16/202
<hr/> | State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease
STAR2STAR COMMUNICATIONS
ATTN LEGAL DEPT
1605 MAIN ST
SARASOTA FL 34236 |
| 2.153. | Title of contract
State what the contract or lease is for
Nature of debtor's interest
State the term remaining
List the contract number of any government contract | FULL SPECTRUM COMMUNICATIONS
SERVICES AGREEMENT - COMMUNICATIONS
SUBSCRIPTION - TALLAHASSEE 7749
CONTRACT PARTY
7/7/2025
<hr/> | State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease
STAR2STAR COMMUNICATIONS
ATTN LEGAL DEPT
1605 MAIN ST
SARASOTA FL 34236 |

Debtor **YouFit Health Clubs, LLC**Case number (if known) **20-12841**

- 2.154. **Title of contract** FULL SPECTRUM COMMUNICATIONS
State what the contract or lease is for SERVICES AGREEMENT - COMMUNICATIONS SUBSCRIPTION
Nature of debtor's interest CONTRACT PARTY
State the term remaining 1/30/2023
List the contract number of any government contract _____
- State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
 STAR2STAR COMMUNICATIONS
 ATTN LEGAL DEPT
 1605 MAIN ST
 SARASOTA FL 34236
- 2.155. **Title of contract** FULL SPECTRUM COMMUNICATIONS
State what the contract or lease is for SERVICES AGREEMENT - COMMUNICATIONS SUBSCRIPTION - 2602 - AUSTELL
Nature of debtor's interest CONTRACT PARTY
State the term remaining 10/1/2023
List the contract number of any government contract _____
- State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
 STAR2STAR COMMUNICATIONS
 ATTN LEGAL DEPT
 1605 MAIN ST
 SARASOTA FL 34236
- 2.156. **Title of contract** NON-LEASE CONTRACT/AGREEMENT
State what the contract or lease is for UTILITIES
Nature of debtor's interest CONTRACT PARTY
State the term remaining _____
List the contract number of any government contract _____
- State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
 STAR2STAR COMMUNICATIONS
 STAR 2 STAR COMMUNICATIONS LLC
 600 TAILEVEST ROAD
 SUITE 202
 SARASOTA FL 34243
- 2.157. **Title of contract** NON-LEASE CONTRACT/AGREEMENT
State what the contract or lease is for UTILITIES
Nature of debtor's interest CONTRACT PARTY
State the term remaining _____
List the contract number of any government contract _____
- State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
 STAR2STAR COMMUNICATIONS
 STAR 2 STAR COMMUNICATIONS LLC
 600 TAILEVEST ROAD
 SUITE 202
 SARASOTA FL 34243
- 2.158. **Title of contract** NON-LEASE CONTRACT/AGREEMENT
State what the contract or lease is for UTILITIES
Nature of debtor's interest CONTRACT PARTY
State the term remaining _____
List the contract number of any government contract _____
- State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
 STAR2STAR COMMUNICATIONS
 STAR 2 STAR COMMUNICATIONS LLC
 600 TAILEVEST ROAD
 SUITE 202
 SARASOTA FL 34243

Debtor **YouFit Health Clubs, LLC**Case number (if known) **20-12841**

- | | | | |
|--------|---|---|---|
| 2.159. | Title of contract
State what the contract or lease is for
Nature of debtor's interest
State the term remaining
List the contract number of any government contract | NON-LEASE CONTRACT/AGREEMENT
UTILITIES
CONTRACT PARTY

_____ | State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease
STAR2STAR COMMUNICATIONS
STAR 2 STAR COMMUNICATIONS LLC
600 TAILEVEST ROAD
SUITE 202
SARASOTA FL 34243 |
| 2.160. | Title of contract
State what the contract or lease is for
Nature of debtor's interest
State the term remaining
List the contract number of any government contract | NON-LEASE CONTRACT/AGREEMENT
UTILITIES
CONTRACT PARTY

_____ | State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease
STAR2STAR COMMUNICATIONS
STAR 2 STAR COMMUNICATIONS LLC
600 TAILEVEST ROAD
SUITE 202
SARASOTA FL 34243 |
| 2.161. | Title of contract
State what the contract or lease is for
Nature of debtor's interest
State the term remaining
List the contract number of any government contract | NON-LEASE CONTRACT/AGREEMENT
UTILITIES
CONTRACT PARTY

_____ | State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease
STAR2STAR COMMUNICATIONS
STAR 2 STAR COMMUNICATIONS LLC
600 TAILEVEST ROAD
SUITE 202
SARASOTA FL 34243 |
| 2.162. | Title of contract
State what the contract or lease is for
Nature of debtor's interest
State the term remaining
List the contract number of any government contract | PREFERRED UNIT PURCHASE AGREEMENT

_____ | State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease
STROSS, CHRISTY B.
1350 E. NEWPORT CENTER DRIVE
SUITE 110
DEERFIELD BEACH FL 33442 |
| 2.163. | Title of contract
State what the contract or lease is for
Nature of debtor's interest
State the term remaining
List the contract number of any government contract | CHANGE IN CONTROL SEVERANCE AGREEMENT

_____ | State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease
STROSS, CHRISTY B.
1350 E. NEWPORT CENTER DRIVE
SUITE 110
DEERFIELD BEACH FL 33442 |

Debtor **YouFit Health Clubs, LLC**Case number (if known) **20-12841**

- 2.164. **Title of contract** PROFITS INTEREST UNIT GRANT AGREEMENT **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** _____
- Nature of debtor's interest** _____ STROSS, CHRISTY B.
1350 E. NEWPORT CENTER DRIVE
SUITE 110
DEERFIELD BEACH FL 33442
- State the term remaining** _____
- List the contract number of any government contract** _____
- 2.165. **Title of contract** PREFERRED UNIT PURCHASE AGREEMENT **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** _____
- Nature of debtor's interest** _____ STROSS, JASON
1350 E. NEWPORT CENTER DRIVE
SUITE 110
DEERFIELD BEACH FL 33442
- State the term remaining** _____
- List the contract number of any government contract** _____
- 2.166. **Title of contract** SERVICES AGREEMENT **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** LEGAL SERVICES
- Nature of debtor's interest** CONTRACT PARTY STUMPHAUZER FOSLID SLOMAN
ROSS & KOLAYA
ONE SE 3RD AVENUE SUITE 1820
MIAMI FL 33131
- State the term remaining** _____
- List the contract number of any government contract** _____
- 2.167. **Title of contract** CONFIDENTIAL SEARCH AGREEMENT **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** CONFIDENTIAL SEARCH AGREEMENT
- Nature of debtor's interest** CONTRACT PARTY
- State the term remaining** 8 MONTHS THE ELLIOT GROUP
505 WHITE PLAINS ROAD
SUITE 228
TARRYTOWN NY 10591
- List the contract number of any government contract** _____
- 2.168. **Title of contract** SAAS MODEL AGREEMENT AND AS AMENDED **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** SERVICES AGREEMENT - PAYROLL ADMINISTRATION
- Nature of debtor's interest** CONTRACT PARTY
- State the term remaining** 4/5/2020 WITH AUTOMATIC 1 - YEAR RENEWALS THE ULTIMATE SOFTWARE GROUP
INC
ATTN GENERAL COUNSEL
2000 ULTIMATE WAY
WESTON FL 33326
- List the contract number of any government contract** _____

Debtor **YouFit Health Clubs, LLC**Case number (if known) **20-12841**

- 2.169. **Title of contract** ULTRAPRO CORNERSTONE INTEGRATION
State what the contract or lease is for SERVICES AGREEMENT - CONSULTING
Nature of debtor's interest CONTRACT PARTY
State the term remaining _____
List the contract number of any government contract _____
- State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
 THE ULTIMATE SOFTWARE GROUP, INC.
 ATTN GENERAL COUNSEL
 2000 ULTIMATE WAY
 WESTON FL 33326
- 2.170. **Title of contract** SERVICES AGREEMENT
State what the contract or lease is for CONSULTING ENGINEERS IN ACOUSTICS, VIBRATIONS & NOISE CONTROL
Nature of debtor's interest CONTRACT PARTY
State the term remaining _____
List the contract number of any government contract _____
- State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
 THORNTON ACOUSTICS & VIBRATIONS
 521 CLAY RUN ROAD
 MILL RUN, PA 15464
- 2.171. **Title of contract** NON-LEASE CONTRACT/AGREEMENT
State what the contract or lease is for REVENUE
Nature of debtor's interest CONTRACT PARTY
State the term remaining _____
List the contract number of any government contract _____
- State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
 TIVITY HEALTH SERVICES, LLC (SLIVER SNEAKERS)
 TIVITY HEALTH SERVICES, LLC
 701 COOL SPRINGS BLVD.
 FRANKLIN TN 37067
- 2.172. **Title of contract** NON-LEASE CONTRACT/AGREEMENT
State what the contract or lease is for INSURANCE
Nature of debtor's interest CONTRACT PARTY
State the term remaining _____
List the contract number of any government contract _____
- State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
 TOKIO MARINE HCC (D&O POLICY & RUN-OFF POLICY)
 TOKIO MARINE HHC
 D&O GROUP
 8 FOREST PARK DRIVE
 FARMINGTON CT 06032
- 2.173. **Title of contract** INSURANCE
State what the contract or lease is for WORKERS COMPENSATION INSURANCE - POLICY NO. UB-3L141685
Nature of debtor's interest INSURED
State the term remaining 10/1/2021
List the contract number of any government contract _____
- State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
 TRAVELERS (CHARTER OAK INS. CO.)
 ONE TOWER SQUARE
 HARTFORD CT 06183

Debtor **YouFit Health Clubs, LLC**Case number (if known) **20-12841**

- 2.174. **Title of contract** NON-LEASE CONTRACT/AGREEMENT **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** INSURANCE
- Nature of debtor's interest** CONTRACT PARTY TRAVELERS (WORKERS COMP)
TRAVELERS
PO BOX 660317
DALLAS TX 75266-0317
- State the term remaining** _____
- List the contract number of any government contract** _____
- 2.175. **Title of contract** INSURANCE **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** D&O INSURANCE - POLICY NO. 14-MGU-20-A49049
- Nature of debtor's interest** INSURED U.S. SPECIALTY INSURANCE
COMPANY
TOKIO MARINE HCC
D&O GROUP
8 FOREST PARK DRIVE
FARMINGTON CT 06032
- State the term remaining** 4/22/2021
- List the contract number of any government contract** _____
- 2.176. **Title of contract** NON-LEASE CONTRACT/AGREEMENT **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** PROF FEES
- Nature of debtor's interest** CONTRACT PARTY ULTIMATE SOFTWARE GROUP, INC.
THE ULTIMATE SOFTWARE GROUP,
INC
P.O. BOX 930953
ATLANTA GA 31193-0953
- State the term remaining** _____
- List the contract number of any government contract** _____
- 2.177. **Title of contract** INSURANCE **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** PROPERTY (VACANT) INSURANCE - POLICY NO. CP 1726145
- Nature of debtor's interest** INSURED UNITED STATES LIABILITY
INSURANCE COMPANY
1190 DEVON PARK DRIVE
WAYNE PA 19087
- State the term remaining** 5/6/2021
- List the contract number of any government contract** _____
- 2.178. **Title of contract** INSURANCE **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** PROPERTY (VACANT) INSURANCE - POLICY NO. CP 2636193
- Nature of debtor's interest** INSURED UNITED STATES LIABILITY
INSURANCE COMPANY
2425 S. YANK CIRCLE
LAKEWOOD CO 33308
- State the term remaining** 5/15/2021
- List the contract number of any government contract** _____

Debtor **YouFit Health Clubs, LLC**Case number (if known) **20-12841**

- | | | | |
|--------|---|---|---|
| 2.179. | Title of contract
State what the contract or lease is for
Nature of debtor's interest
State the term remaining
List the contract number of any government contract | SERVICES AGREEMENT
LEGAL SERVICES
CONTRACT PARTY
<hr/> <hr/> | State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease
VARITECH LLC
1027 FLUSHING AVE
CLEARWATER FL 33764 |
| 2.180. | Title of contract
State what the contract or lease is for
Nature of debtor's interest
State the term remaining
List the contract number of any government contract | AGREEMENT
SERVICES AGREEMENT - VENDING MACHINES
CONTRACT PARTY
ON 30 - DAYS WRITTEN NOTICE
<hr/> | State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease
VENGO INC
45 - 50 30TH ST
STE 11
LONG ISLAND NY 11101 |
| 2.181. | Title of contract
State what the contract or lease is for
Nature of debtor's interest
State the term remaining
List the contract number of any government contract | CUSTOMER SALES AGREEMENT
SERVICES AGREEMENT - PRODUCT SALES
CONTRACT PARTY
8/31/2019 WITH 2 - AUTOMATIC 1 - YEAR RENEWALS
<hr/> | State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease
VERATIV OPERATING COMPANY
9 CRYSTAL POND ROAD
SOUTHBOROUGH MA 01772 |
| 2.182. | Title of contract
State what the contract or lease is for
Nature of debtor's interest
State the term remaining
List the contract number of any government contract | NON-LEASE CONTRACT/AGREEMENT
OUTSIDESVC
CONTRACT PARTY
<hr/> <hr/> | State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease
VERITIV OPERATING COMPANY
VERITIV OPERATING COMPANY
9 CRYSTAL POND ROAD
SOUTHBOROUGH MA 01772 |
| 2.183. | Title of contract
State what the contract or lease is for
Nature of debtor's interest
State the term remaining
List the contract number of any government contract | RETENTION / SEVERANCE AGREEMENT
EMPLOYEE AGREEMENT
CONTRACT PARTY
2 MONTHS
<hr/> | State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease
WESSON, RICHARD S
Address Intentionally Omitted |

Debtor **YouFit Health Clubs, LLC**Case number (if known) **20-12841**

- | | | | |
|--------|---|--|--|
| 2.184. | Title of contract
State what the contract or lease is for
Nature of debtor's interest
State the term remaining
List the contract number of any government contract | SERVICES AGREEMENT
LEGAL SERVICES
CONTRACT PARTY

_____ | State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease
WIMBERLY, LAWSON, STECKEL, SCHNEIDER & STINE
3400 PEACHTREE ROAD, N.E.
SUITE 400
ATLANTA GA 30326-1107 |
| 2.185. | Title of contract
State what the contract or lease is for
Nature of debtor's interest
State the term remaining
List the contract number of any government contract | PREFERRED UNIT PURCHASE AGREEMENT

_____ | State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease
YF LIME, LLC
6475 1ST AVE. SOUTH
ST. PETERSBURG FL 33707 |
| 2.186. | Title of contract
State what the contract or lease is for
Nature of debtor's interest
State the term remaining
List the contract number of any government contract | PREFERRED UNIT PURCHASE AGREEMENT

_____ | State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease
YF-GEF HOLDINGS, LLC
PERELLA WEINBERG PARTNERS
767 FIFTH AVENUE
NEW YORK NY 10153 |
| 2.187. | Title of contract
State what the contract or lease is for
Nature of debtor's interest
State the term remaining
List the contract number of any government contract | LICENSE AGREEMENT
LICENSE AGREEMENT

EXPIRED
_____ | State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease
YOUFIT, LLC
1350 E. NEWPORT CENTER DRIVE
SUITE 110
DEERFIELD BEACH FL 33442 |

Fill in this information to identify the case:**Debtor name:** YouFit Health Clubs, LLC**United States Bankruptcy Court for the:** District of Delaware**Case number (if known):** 20-12841☐ Check if this is an amended filingOfficial Form 206H**Schedule H: Codebtors**

12/15

Be as complete and accurate as possible. If more space is needed, copy the Additional Page, numbering the entries consecutively. Attach the Additional Page to this page.

1. Does the debtor have any codebtors?

- ☐ No. Check this box and submit this form to the court with the debtor's other schedules. Nothing else needs to be reported on this form.
- ☒ Yes

2. In Column 1, list as codebtors all of the people or entities who are also liable for any debts listed by the debtor in the schedules of creditors, Schedules D-G. Include all guarantors and co-obligors. In Column 2, identify the creditor to whom the debt is owed and each schedule on which the creditor is listed. If the codebtor is liable on a debt to more than one creditor, list each creditor separately in Column 2.

Column 1: Codebtor		Column 2: Creditor	
Name	Mailing address	Name	Check all schedules that apply:
2.1. B-FIT HEALTH CLUB, LLC	1350 E. NEWPORT CENTER DR SUITE 110 DEERFIELD BEACH FL 33442	BGC LENDER AND LENDERS REP	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.2. FIVE B-FIT, LLC	1350 E. NEWPORT CENTER DR SUITE 110 DEERFIELD BEACH FL 33442	BGC LENDER AND LENDERS REP	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.3. FOUR B-FIT, LLC	1350 E. NEWPORT CENTER DR SUITE 110 DEERFIELD BEACH FL 33442	BGC LENDER AND LENDERS REP	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.4. LIME TIME, LLC	1350 E. NEWPORT CENTER DR SUITE 110 DEERFIELD BEACH FL 33442	BGC LENDER AND LENDERS REP	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.5. SIX B-FIT, LLC	1350 E. NEWPORT CENTER DR SUITE 110 DEERFIELD BEACH FL 33442	BGC LENDER AND LENDERS REP	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.6. SOUTH FLORIDA HEALTH AND FITNESS, INC.	1350 E. NEWPORT CENTER DR SUITE 110 DEERFIELD BEACH FL 33442	BGC LENDER AND LENDERS REP	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G

Debtor **YouFit Health Clubs, LLC**Case number (if known) **20-12841**

Column 1: Codebtor		Column 2: Creditor	
Name	Mailing address	Name	Check all schedules that apply:
2.7. THREE B-FIT, LLC	1350 E. NEWPORT CENTER DR SUITE 110 DEERFIELD BEACH FL 33442	BGC LENDER AND LENDERS REP	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.8. YF ADMIN, LLC	1350 E. NEWPORT CENTER DR SUITE 110 DEERFIELD BEACH FL 33442	BGC LENDER AND LENDERS REP	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.9. YF ARIZONA LLC	1350 E. NEWPORT CENTER DR SUITE 110 DEERFIELD BEACH FL 33442	BGC LENDER AND LENDERS REP	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.10. YF BETHANNY, LLC	1350 E. NEWPORT CENTER DR SUITE 110 DEERFIELD BEACH FL 33442	BGC LENDER AND LENDERS REP	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.11. YF BETHANY TOWNE CENTER, LLC	1350 E. NEWPORT CENTER DR SUITE 110 DEERFIELD BEACH FL 33442	BGC LENDER AND LENDERS REP	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.12. YF BOYNTON MALL, LLC	1350 E. NEWPORT CENTER DR SUITE 110 DEERFIELD BEACH FL 33442	BGC LENDER AND LENDERS REP	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.13. YF BUFORD, LLC	1350 E. NEWPORT CENTER DR SUITE 110 DEERFIELD BEACH FL 33442	BGC LENDER AND LENDERS REP	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.14. YF CACTUS VILLAGE, LLC	1350 E. NEWPORT CENTER DR SUITE 110 DEERFIELD BEACH FL 33442	BGC LENDER AND LENDERS REP	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.15. YF CARROLLWOOD, LLC	1350 E. NEWPORT CENTER DR SUITE 110 DEERFIELD BEACH FL 33442	BGC LENDER AND LENDERS REP	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.16. YF CHANDLER SOUTH, LLC	1350 E. NEWPORT CENTER DR SUITE 110 DEERFIELD BEACH FL 33442	BGC LENDER AND LENDERS REP	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.17. YF CONCORD, LLC	1350 E. NEWPORT CENTER DR SUITE 110 DEERFIELD BEACH FL 33442	BGC LENDER AND LENDERS REP	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G

Debtor **YouFit Health Clubs, LLC**Case number (if known) **20-12841**

Column 1: Codebtor		Column 2: Creditor	
Name	Mailing address	Name	Check all schedules that apply:
2.18. YF CORAL WAY II, LLC	1350 E. NEWPORT CENTER DR SUITE 110 DEERFIELD BEACH FL 33442	BGC LENDER AND LENDERS REP	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.19. YF CORAL WAY, LLC	1350 E. NEWPORT CENTER DR SUITE 110 DEERFIELD BEACH FL 33442	KIRELAND CORAL TERRACE , LLC	<input type="checkbox"/> D <input type="checkbox"/> E/F <input checked="" type="checkbox"/> G
2.20. YF CORAL WAY, LLC	1350 E. NEWPORT CENTER DR SUITE 110 DEERFIELD BEACH FL 33442	BGC LENDER AND LENDERS REP	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.21. YF DANIA POINTE LLC	1350 E. NEWPORT CENTER DR SUITE 110 DEERFIELD BEACH FL 33442	DANIA LIVE 1748, LLC	<input type="checkbox"/> D <input type="checkbox"/> E/F <input checked="" type="checkbox"/> G
2.22. YF DANIA POINTE LLC	1350 E. NEWPORT CENTER DR SUITE 110 DEERFIELD BEACH FL 33442	BGC LENDER AND LENDERS REP	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.23. YF DEERFIELD, LLC	1350 E. NEWPORT CENTER DR SUITE 110 DEERFIELD BEACH FL 33442	BGC LENDER AND LENDERS REP	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.24. YF DOUGLASVILLE, LLC	1350 E. NEWPORT CENTER DR SUITE 110 DEERFIELD BEACH FL 33442	BGC LENDER AND LENDERS REP	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.25. YF DUNWOODY, LLC	1350 E. NEWPORT CENTER DR SUITE 110 DEERFIELD BEACH FL 33442	BGC LENDER AND LENDERS REP	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.26. YF EAST FOWLER, LLC	1350 E. NEWPORT CENTER DR SUITE 110 DEERFIELD BEACH FL 33442	BGC LENDER AND LENDERS REP	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.27. YF FLAGLER LLC	1350 E. NEWPORT CENTER DR SUITE 110 DEERFIELD BEACH FL 33442	FLAGLER S.C., LLC	<input type="checkbox"/> D <input type="checkbox"/> E/F <input checked="" type="checkbox"/> G

Debtor **YouFit Health Clubs, LLC**Case number (if known) **20-12841**

Column 1: Codebtor		Column 2: Creditor	
Name	Mailing address	Name	Check all schedules that apply:
2.28. YF FLAGLER LLC	1350 E. NEWPORT CENTER DR SUITE 110 DEERFIELD BEACH FL 33442	BGC LENDER AND LENDERS REP	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.29. YF GATEWAY, LLC	1350 E. NEWPORT CENTER DR SUITE 110 DEERFIELD BEACH FL 33442	BGC LENDER AND LENDERS REP	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.30. YF GILBERT NORTH, LLC	1350 E. NEWPORT CENTER DR SUITE 110 DEERFIELD BEACH FL 33442	BGC LENDER AND LENDERS REP	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.31. YF GILBERT SOUTH, LLC	1350 E. NEWPORT CENTER DR SUITE 110 DEERFIELD BEACH FL 33442	BGC LENDER AND LENDERS REP	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.32. YF GLENDALE, LLC	1350 E. NEWPORT CENTER DR SUITE 110 DEERFIELD BEACH FL 33442	BGC LENDER AND LENDERS REP	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.33. YF GREENACRES, LLC	1350 E. NEWPORT CENTER DR SUITE 110 DEERFIELD BEACH FL 33442	BGC LENDER AND LENDERS REP	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.34. YF GROUP A, LLC	1350 E. NEWPORT CENTER DR SUITE 110 DEERFIELD BEACH FL 33442	BGC LENDER AND LENDERS REP	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.35. YF HAMMOCK LLC	1350 E. NEWPORT CENTER DR SUITE 110 DEERFIELD BEACH FL 33442	BGC LENDER AND LENDERS REP	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.36. YF HANCOCK, LLC	1350 E. NEWPORT CENTER DR SUITE 110 DEERFIELD BEACH FL 33442	BGC LENDER AND LENDERS REP	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.37. YF HIALEAH, LLC	1350 E. NEWPORT CENTER DR SUITE 110 DEERFIELD BEACH FL 33442	NIMA PLAZA, LLC	<input type="checkbox"/> D <input type="checkbox"/> E/F <input checked="" type="checkbox"/> G
2.38. YF HIALEAH, LLC	1350 E. NEWPORT CENTER DR SUITE 110 DEERFIELD BEACH FL 33442	BGC LENDER AND LENDERS REP	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G

Debtor **YouFit Health Clubs, LLC**Case number (if known) **20-12841**

Column 1: Codebtor		Column 2: Creditor	
Name	Mailing address	Name	Check all schedules that apply:
2.39. YF HIALEAH-OKEECHOBEE RD., LLC	1350 E. NEWPORT CENTER DR SUITE 110 DEERFIELD BEACH FL 33442	ARENA CAPITAL, LLC	<input type="checkbox"/> D <input type="checkbox"/> E/F <input checked="" type="checkbox"/> G
2.40. YF HIALEAH-OKEECHOBEE RD., LLC	1350 E. NEWPORT CENTER DR SUITE 110 DEERFIELD BEACH FL 33442	BGC LENDER AND LENDERS REP	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.41. YF HOLLYWOOD, LLC	1350 E. NEWPORT CENTER DR SUITE 110 DEERFIELD BEACH FL 33442	BGC LENDER AND LENDERS REP	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.42. YF HORIZON, LLC	1350 E. NEWPORT CENTER DR SUITE 110 DEERFIELD BEACH FL 33442	BGC LENDER AND LENDERS REP	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.43. YF HUNTSVILLE, LLC	1350 E. NEWPORT CENTER DR SUITE 110 DEERFIELD BEACH FL 33442	BGC LENDER AND LENDERS REP	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.44. YF KENDALL, LLC	1350 E. NEWPORT CENTER DR SUITE 110 DEERFIELD BEACH FL 33442	BGC LENDER AND LENDERS REP	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.45. YF KILLIAN, LLC	1350 E. NEWPORT CENTER DR SUITE 110 DEERFIELD BEACH FL 33442	BINDOR KILLIAN, LLC	<input type="checkbox"/> D <input type="checkbox"/> E/F <input checked="" type="checkbox"/> G
2.46. YF LAFAYETTE PLACE, LLC	1350 E. NEWPORT CENTER DR SUITE 110 DEERFIELD BEACH FL 33442	BGC LENDER AND LENDERS REP	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.47. YF LAND O LAKES, LLC	1350 E. NEWPORT CENTER DR SUITE 110 DEERFIELD BEACH FL 33442	BGC LENDER AND LENDERS REP	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.48. YF LANTANA, LLC	1350 E. NEWPORT CENTER DR SUITE 110 DEERFIELD BEACH FL 33442	BGC LENDER AND LENDERS REP	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G

Debtor **YouFit Health Clubs, LLC**Case number (if known) **20-12841**

Column 1: Codebtor		Column 2: Creditor	
Name	Mailing address	Name	Check all schedules that apply:
2.49. YF LARGO PLAZA LLC	1350 E. NEWPORT CENTER DR SUITE 110 DEERFIELD BEACH FL 33442	KIMZAY OF FLORIDA, INC.	<input type="checkbox"/> D <input type="checkbox"/> E/F <input checked="" type="checkbox"/> G
2.50. YF LARGO PLAZA LLC	1350 E. NEWPORT CENTER DR SUITE 110 DEERFIELD BEACH FL 33442	BGC LENDER AND LENDERS REP	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.51. YF LAUDERDALE LAKES, LLC	1350 E. NEWPORT CENTER DR SUITE 110 DEERFIELD BEACH FL 33442	BGC LENDER AND LENDERS REP	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.52. YF LAUDERHILL, LLC	1350 E. NEWPORT CENTER DR SUITE 110 DEERFIELD BEACH FL 33442	BGC LENDER AND LENDERS REP	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.53. YF LOCH RAVEN LLC	1350 E. NEWPORT CENTER DR SUITE 110 DEERFIELD BEACH FL 33442	LOCH RAVEN SHOPPING CENTER LLC	<input type="checkbox"/> D <input type="checkbox"/> E/F <input checked="" type="checkbox"/> G
2.54. YF LOCH RAVEN LLC	1350 E. NEWPORT CENTER DR SUITE 110 DEERFIELD BEACH FL 33442	BGC LENDER AND LENDERS REP	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.55. YF LYNNWOOD, LLC	1350 E. NEWPORT CENTER DR SUITE 110 DEERFIELD BEACH FL 33442	LYNNWOOD PLACE (E&A), LLC	<input type="checkbox"/> D <input type="checkbox"/> E/F <input checked="" type="checkbox"/> G
2.56. YF MARGATE, LLC	1350 E. NEWPORT CENTER DR SUITE 110 DEERFIELD BEACH FL 33442	BGC LENDER AND LENDERS REP	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.57. YF MESA, LLC	1350 E. NEWPORT CENTER DR SUITE 110 DEERFIELD BEACH FL 33442	SQUAW PEAK VENTURES , LLC	<input type="checkbox"/> D <input type="checkbox"/> E/F <input checked="" type="checkbox"/> G
2.58. YF MESA, LLC	1350 E. NEWPORT CENTER DR SUITE 110 DEERFIELD BEACH FL 33442	BGC LENDER AND LENDERS REP	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.59. YF MIAMI 110TH LLC	1350 E. NEWPORT CENTER DR SUITE 110 DEERFIELD BEACH FL 33442	MILTON COOPER	<input type="checkbox"/> D <input type="checkbox"/> E/F <input checked="" type="checkbox"/> G

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Name	Mailing address	Name	Check all schedules that apply:
2.60. YF MIAMI 110TH LLC	1350 E. NEWPORT CENTER DR SUITE 110 DEERFIELD BEACH FL 33442	BGC LENDER AND LENDERS REP	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.61. YF MIAMI GARDENS, LLC	1350 E. NEWPORT CENTER DR SUITE 110 DEERFIELD BEACH FL 33442	OFFICE DEPOT, INC. COHEN COMMERCIAL MANAGEMENT	<input type="checkbox"/> D <input type="checkbox"/> E/F <input checked="" type="checkbox"/> G
2.62. YF MIAMI GARDENS, LLC	1350 E. NEWPORT CENTER DR SUITE 110 DEERFIELD BEACH FL 33442	BGC LENDER AND LENDERS REP	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.63. YF NOLES, LLC	1350 E. NEWPORT CENTER DR SUITE 110 DEERFIELD BEACH FL 33442	BGC LENDER AND LENDERS REP	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.64. YF NORTH LAUDERDALE, LLC	1350 E. NEWPORT CENTER DR SUITE 110 DEERFIELD BEACH FL 33442	ARENA SHOPPES, LLLP	<input type="checkbox"/> D <input type="checkbox"/> E/F <input checked="" type="checkbox"/> G
2.65. YF NORTH LAUDERDALE, LLC	1350 E. NEWPORT CENTER DR SUITE 110 DEERFIELD BEACH FL 33442	BGC LENDER AND LENDERS REP	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.66. YF NORTH POINT, LLC	1350 E. NEWPORT CENTER DR SUITE 110 DEERFIELD BEACH FL 33442	BGC LENDER AND LENDERS REP	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.67. YF NORTH PORT, LLC	1350 E. NEWPORT CENTER DR SUITE 110 DEERFIELD BEACH FL 33442	BGC LENDER AND LENDERS REP	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.68. YF OAK HILL, LLC	1350 E. NEWPORT CENTER DR SUITE 110 DEERFIELD BEACH FL 33442	NEW OAK HILL PLAZA, LLC	<input type="checkbox"/> D <input type="checkbox"/> E/F <input checked="" type="checkbox"/> G
2.69. YF OKEECHOBEE, LLC	1350 E. NEWPORT CENTER DR SUITE 110 DEERFIELD BEACH FL 33442	BGC LENDER AND LENDERS REP	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G

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Column 1: Codebtor		Column 2: Creditor	
Name	Mailing address	Name	Check all schedules that apply:
2.70. YF OLNEY, LLC	1350 E. NEWPORT CENTER DR SUITE 110 DEERFIELD BEACH FL 33442	BLDG-ICS OLNEY, LLC	<input type="checkbox"/> D <input type="checkbox"/> E/F <input checked="" type="checkbox"/> G
2.71. YF OLNEY, LLC	1350 E. NEWPORT CENTER DR SUITE 110 DEERFIELD BEACH FL 33442	BGC LENDER AND LENDERS REP	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.72. YF PARADISE SQUARE LLC	1350 E. NEWPORT CENTER DR SUITE 110 DEERFIELD BEACH FL 33442	MANATEE INVESTMENTS III, L.L.C. AND AGUA CALIENTE INVESTMENTS III, L.L.C.	<input type="checkbox"/> D <input type="checkbox"/> E/F <input checked="" type="checkbox"/> G
2.73. YF PARADISE SQUARE LLC	1350 E. NEWPORT CENTER DR SUITE 110 DEERFIELD BEACH FL 33442	BGC LENDER AND LENDERS REP	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.74. YF PARKLAND, LLC	1350 E. NEWPORT CENTER DR SUITE 110 DEERFIELD BEACH FL 33442	BGC LENDER AND LENDERS REP	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.75. YF PINE ISLAND, LLC	1350 E. NEWPORT CENTER DR SUITE 110 DEERFIELD BEACH FL 33442	BGC LENDER AND LENDERS REP	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.76. YF PINES BOULEVARD, LLC	1350 E. NEWPORT CENTER DR SUITE 110 DEERFIELD BEACH FL 33442	BGC LENDER AND LENDERS REP	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.77. YF POMPANO, LLC	1350 E. NEWPORT CENTER DR SUITE 110 DEERFIELD BEACH FL 33442	BGC LENDER AND LENDERS REP	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.78. YF PORT CHARLOTTE, LLC	1350 E. NEWPORT CENTER DR SUITE 110 DEERFIELD BEACH FL 33442	BGC LENDER AND LENDERS REP	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.79. YF QUAIL ROOST, LLC	1350 E. NEWPORT CENTER DR SUITE 110 DEERFIELD BEACH FL 33442	BGC LENDER AND LENDERS REP	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.80. YF RACETRACK, LLC	1350 E. NEWPORT CENTER DR SUITE 110 DEERFIELD BEACH FL 33442	BGC LENDER AND LENDERS REP	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G

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Column 1: Codebtor		Column 2: Creditor	
Name	Mailing address	Name	Check all schedules that apply:
2.81. YF RANDALLSTOWN, LLC	1350 E. NEWPORT CENTER DR SUITE 110 DEERFIELD BEACH FL 33442	BGC LENDER AND LENDERS REP	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.82. YF RHODE ISLAND, LLC	1350 E. NEWPORT CENTER DR SUITE 110 DEERFIELD BEACH FL 33442	BGC LENDER AND LENDERS REP	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.83. YF RIVERDALE, LLC	1350 E. NEWPORT CENTER DR SUITE 110 DEERFIELD BEACH FL 33442	BGC LENDER AND LENDERS REP	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.84. YF SANDALFOOT, LLC	1350 E. NEWPORT CENTER DR SUITE 110 DEERFIELD BEACH FL 33442	BGC LENDER AND LENDERS REP	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.85. YF SCOTTSDALE, LLC	1350 E. NEWPORT CENTER DR SUITE 110 DEERFIELD BEACH FL 33442	BGC LENDER AND LENDERS REP	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.86. YF SE FLA, LLC	1350 E. NEWPORT CENTER DR SUITE 110 DEERFIELD BEACH FL 33442	BGC LENDER AND LENDERS REP	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.87. YF SHEA, LLC	1350 E. NEWPORT CENTER DR SUITE 110 DEERFIELD BEACH FL 33442	BGC LENDER AND LENDERS REP	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.88. YF SHELBY, LLC	1350 E. NEWPORT CENTER DR SUITE 110 DEERFIELD BEACH FL 33442	BGC LENDER AND LENDERS REP	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.89. YF SHILOH, LLC	1350 E. NEWPORT CENTER DR SUITE 110 DEERFIELD BEACH FL 33442	BGC LENDER AND LENDERS REP	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.90. YF SINGLETON, LLC	1350 E. NEWPORT CENTER DR SUITE 110 DEERFIELD BEACH FL 33442	BGC LENDER AND LENDERS REP	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G

Debtor **YouFit Health Clubs, LLC**Case number (if known) **20-12841**

Column 1: Codebtor		Column 2: Creditor	
Name	Mailing address	Name	Check all schedules that apply:
2.91. YF SOUTHAVEN, LLC	1350 E. NEWPORT CENTER DR SUITE 110 DEERFIELD BEACH FL 33442	BGC LENDER AND LENDERS REP	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.92. YF SPRING CREEK, LLC	1350 E. NEWPORT CENTER DR SUITE 110 DEERFIELD BEACH FL 33442	JAHCO SPRING CREEK VILLAGE, L.L.C.	<input type="checkbox"/> D <input type="checkbox"/> E/F <input checked="" type="checkbox"/> G
2.93. YF SPRING CREEK, LLC	1350 E. NEWPORT CENTER DR SUITE 110 DEERFIELD BEACH FL 33442	BGC LENDER AND LENDERS REP	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.94. YF SUWANEE, LLC	1350 E. NEWPORT CENTER DR SUITE 110 DEERFIELD BEACH FL 33442	BGC LENDER AND LENDERS REP	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.95. YF TAMARAC LLC	1350 E. NEWPORT CENTER DR SUITE 110 DEERFIELD BEACH FL 33442	BGC LENDER AND LENDERS REP	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.96. YF TOWN CENTER, LLC	1350 E. NEWPORT CENTER DR SUITE 110 DEERFIELD BEACH FL 33442	BGC LENDER AND LENDERS REP	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.97. YF UNIGOLD, LLC	1350 E. NEWPORT CENTER DR SUITE 110 DEERFIELD BEACH FL 33442	BGC LENDER AND LENDERS REP	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.98. YF UNIVERSITY VILLAGE, LLC	1350 E. NEWPORT CENTER DR SUITE 110 DEERFIELD BEACH FL 33442	WESTWOOD PLAZA, LLC	<input type="checkbox"/> D <input type="checkbox"/> E/F <input checked="" type="checkbox"/> G
2.99. YF UNIVERSITY VILLAGE, LLC	1350 E. NEWPORT CENTER DR SUITE 110 DEERFIELD BEACH FL 33442	BGC LENDER AND LENDERS REP	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.100. YF VENICE, LLC	1350 E. NEWPORT CENTER DR SUITE 110 DEERFIELD BEACH FL 33442	BGC LENDER AND LENDERS REP	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.101. YF WELLINGTON, LLC	1350 E. NEWPORT CENTER DR SUITE 110 DEERFIELD BEACH FL 33442	BGC LENDER AND LENDERS REP	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G

Debtor **YouFit Health Clubs, LLC**Case number (if known) **20-12841**

Column 1: Codebtor		Column 2: Creditor	
Name	Mailing address	Name	Check all schedules that apply:
2.102.YF WEST BRANDON, LLC	1350 E. NEWPORT CENTER DR SUITE 110 DEERFIELD BEACH FL 33442	BGC LENDER AND LENDERS REP	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.103.YF WEST COBB, LLC	1350 E. NEWPORT CENTER DR SUITE 110 DEERFIELD BEACH FL 33442	PETINOS, LLC	<input type="checkbox"/> D <input type="checkbox"/> E/F <input checked="" type="checkbox"/> G
2.104.YF WESTON, LLC	1350 E. NEWPORT CENTER DR SUITE 110 DEERFIELD BEACH FL 33442	BGC LENDER AND LENDERS REP	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.105.YOU FIT EIGHT, LLC	1350 E. NEWPORT CENTER DR SUITE 110 DEERFIELD BEACH FL 33442	BGC LENDER AND LENDERS REP	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.106.YOU FIT ENTERPRISES, LLC	1350 E. NEWPORT CENTER DR SUITE 110 DEERFIELD BEACH FL 33442	BGC LENDER AND LENDERS REP	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.107.YOU FIT FIVE, LLC	1350 E. NEWPORT CENTER DR SUITE 110 DEERFIELD BEACH FL 33442	BGC LENDER AND LENDERS REP	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.108.YOU FIT FOUR, LLC	1350 E. NEWPORT CENTER DR SUITE 110 DEERFIELD BEACH FL 33442	BGC LENDER AND LENDERS REP	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.109.YOU FIT NINE, LLC	1350 E. NEWPORT CENTER DR SUITE 110 DEERFIELD BEACH FL 33442	BGC LENDER AND LENDERS REP	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.110.YOU FIT PINELLAS PARK, LLC	1350 E. NEWPORT CENTER DR SUITE 110 DEERFIELD BEACH FL 33442	BGC LENDER AND LENDERS REP	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.111.YOU FIT SEVEN, LLC	1350 E. NEWPORT CENTER DR SUITE 110 DEERFIELD BEACH FL 33442	BGC LENDER AND LENDERS REP	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G

Debtor **YouFit Health Clubs, LLC**Case number (if known) **20-12841**

Column 1: Codebtor		Column 2: Creditor	
Name	Mailing address	Name	Check all schedules that apply:
2.112.YOU FIT SPA, LLC	1350 E. NEWPORT CENTER DR SUITE 110 DEERFIELD BEACH FL 33442	BGC LENDER AND LENDERS REP	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.113.YOU FIT-ONE, LLC	1350 E. NEWPORT CENTER DR SUITE 110 DEERFIELD BEACH FL 33442	BGC LENDER AND LENDERS REP	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.114.YOUFIT HEALTH CLUBS, LLC	1350 E. NEWPORT CENTER DR SUITE 110 DEERFIELD BEACH FL 33442	LAUDERHILL MALL INVESTMENT, LLC	<input type="checkbox"/> D <input type="checkbox"/> E/F <input checked="" type="checkbox"/> G
2.115.YOUFIT, LLC	1350 E. NEWPORT CENTER DR SUITE 110 DEERFIELD BEACH FL 33442	COMPTON PROPERTIES, LLLP	<input type="checkbox"/> D <input type="checkbox"/> E/F <input checked="" type="checkbox"/> G
2.116.YOUFIT, LLC	1350 E. NEWPORT CENTER DR SUITE 110 DEERFIELD BEACH FL 33442	VERSAILLES LAND GROUP, LLC	<input type="checkbox"/> D <input type="checkbox"/> E/F <input checked="" type="checkbox"/> G
2.117.YOUFIT, LLC	1350 E. NEWPORT CENTER DR SUITE 110 DEERFIELD BEACH FL 33442	MIDLOTHIAN CENTER, LLC	<input type="checkbox"/> D <input type="checkbox"/> E/F <input checked="" type="checkbox"/> G
2.118.YOUFIT, LLC	1350 E. NEWPORT CENTER DR SUITE 110 DEERFIELD BEACH FL 33442	CH REALTY VII/R ORLANDO ALTAMONTE, L.L.C.	<input type="checkbox"/> D <input type="checkbox"/> E/F <input checked="" type="checkbox"/> G
2.119.YOUFIT, LLC	1350 E. NEWPORT CENTER DR SUITE 110 DEERFIELD BEACH FL 33442	PMAT ALGIERS PLAZA, L.L.C.	<input type="checkbox"/> D <input type="checkbox"/> E/F <input checked="" type="checkbox"/> G
2.120.YOUFIT, LLC	1350 E. NEWPORT CENTER DR SUITE 110 DEERFIELD BEACH FL 33442	MOSAIC OXBRIDGE OWNERS, LLC	<input type="checkbox"/> D <input type="checkbox"/> E/F <input checked="" type="checkbox"/> G
2.121.YOUFIT, LLC	1350 E. NEWPORT CENTER DR SUITE 110 DEERFIELD BEACH FL 33442	MCMAHAN GROUP, LLC	<input type="checkbox"/> D <input type="checkbox"/> E/F <input checked="" type="checkbox"/> G
2.122.YOUFIT, LLC	1350 E. NEWPORT CENTER DR SUITE 110 DEERFIELD BEACH FL 33442	GATOR ARGATE GAINESVILLE, LLC	<input type="checkbox"/> D <input type="checkbox"/> E/F <input checked="" type="checkbox"/> G

Debtor **YouFit Health Clubs, LLC**Case number (if known) **20-12841**

Column 1: Codebtor		Column 2: Creditor	
Name	Mailing address	Name	Check all schedules that apply:
2.123.YOUFIT, LLC	1350 E. NEWPORT CENTER DR SUITE 110 DEERFIELD BEACH FL 33442	AUSTIN RENAISSANCE LIMITED	<input type="checkbox"/> D <input type="checkbox"/> E/F <input checked="" type="checkbox"/> G
2.124.YOUFIT, LLC	1350 E. NEWPORT CENTER DR SUITE 110 DEERFIELD BEACH FL 33442	BSF RICHMOND, LP	<input type="checkbox"/> D <input type="checkbox"/> E/F <input checked="" type="checkbox"/> G
2.125.YOUFIT, LLC	1350 E. NEWPORT CENTER DR SUITE 110 DEERFIELD BEACH FL 33442	LAURICELLA MANHATTAN, L.L.C.	<input type="checkbox"/> D <input type="checkbox"/> E/F <input checked="" type="checkbox"/> G
2.126.YOUFIT, LLC	1350 E. NEWPORT CENTER DR SUITE 110 DEERFIELD BEACH FL 33442	GATOR ANTOINE PARTNERS, LLLP	<input type="checkbox"/> D <input type="checkbox"/> E/F <input checked="" type="checkbox"/> G
2.127.YOUFIT, LLC	1350 E. NEWPORT CENTER DR SUITE 110 DEERFIELD BEACH FL 33442	L2 FUTURE CAPITAL, LLC GREENWAY – PARKWAY CORNERS, L.P.	<input type="checkbox"/> D <input type="checkbox"/> E/F <input checked="" type="checkbox"/> G
2.128.YOUFIT, LLC	1350 E. NEWPORT CENTER DR SUITE 110 DEERFIELD BEACH FL 33442	FRIT COCOWALK OWNER, LLC	<input type="checkbox"/> D <input type="checkbox"/> E/F <input checked="" type="checkbox"/> G
2.129.YOUFIT, LLC	1350 E. NEWPORT CENTER DR SUITE 110 DEERFIELD BEACH FL 33442	BLUMIN-HIGHPOINT LTD.	<input type="checkbox"/> D <input type="checkbox"/> E/F <input checked="" type="checkbox"/> G
2.130.YOUFIT, LLC	1350 E. NEWPORT CENTER DR SUITE 110 DEERFIELD BEACH FL 33442	PLAINVIEW SHOPPES LLC	<input type="checkbox"/> D <input type="checkbox"/> E/F <input checked="" type="checkbox"/> G
2.131.YOUFIT, LLC	1350 E. NEWPORT CENTER DR SUITE 110 DEERFIELD BEACH FL 33442	VISTA RIDGE RETAIL, LLC RCS-VISTA RIDGE (HG), LLC	<input type="checkbox"/> D <input type="checkbox"/> E/F <input checked="" type="checkbox"/> G
2.132.YOUFIT, LLC	1350 E. NEWPORT CENTER DR SUITE 110 DEERFIELD BEACH FL 33442	WRI JT NORTHRIDGE, LP	<input type="checkbox"/> D <input type="checkbox"/> E/F <input checked="" type="checkbox"/> G

Debtor **YouFit Health Clubs, LLC**Case number (if known) **20-12841**

Column 1: Codebtor		Column 2: Creditor	
Name	Mailing address	Name	Check all schedules that apply:
2.133.YOUFIT, LLC	1350 E. NEWPORT CENTER DR SUITE 110 DEERFIELD BEACH FL 33442	EBLR, LLC	<input type="checkbox"/> D <input type="checkbox"/> E/F <input checked="" type="checkbox"/> G
2.134.YOUFIT, LLC	1350 E. NEWPORT CENTER DR SUITE 110 DEERFIELD BEACH FL 33442	W-PT ARVADA VII, LLC	<input type="checkbox"/> D <input type="checkbox"/> E/F <input checked="" type="checkbox"/> G
2.135.YOUFIT, LLC	1350 E. NEWPORT CENTER DR SUITE 110 DEERFIELD BEACH FL 33442	CEDAR HILLS CONSOLIDATED, LLC	<input type="checkbox"/> D <input type="checkbox"/> E/F <input checked="" type="checkbox"/> G
2.136.YOUFIT, LLC	1350 E. NEWPORT CENTER DR SUITE 110 DEERFIELD BEACH FL 33442	GATOR FLOWER MOUND, LLC	<input type="checkbox"/> D <input type="checkbox"/> E/F <input checked="" type="checkbox"/> G
2.137.YOUFIT, LLC	1350 E. NEWPORT CENTER DR SUITE 110 DEERFIELD BEACH FL 33442	LBX ALAFAYA, LLC	<input type="checkbox"/> D <input type="checkbox"/> E/F <input checked="" type="checkbox"/> G
2.138.YOUFIT, LLC	1350 E. NEWPORT CENTER DR SUITE 110 DEERFIELD BEACH FL 33442	79 BISCAYNE, L.L.C.	<input type="checkbox"/> D <input type="checkbox"/> E/F <input checked="" type="checkbox"/> G
2.139.YOUFIT, LLC	1350 E. NEWPORT CENTER DR SUITE 110 DEERFIELD BEACH FL 33442	BGC LENDER AND LENDERS REP	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G

Fill in this information to identify the case:**Debtor name:** YouFit Health Clubs, LLC**United States Bankruptcy Court for the:** District of Delaware**Case number (if known):** 20-12841Official Form 202**Declaration Under Penalty of Perjury for Non-Individual Debtors**

12/15

An individual who is authorized to act on behalf of a non-individual debtor, such as a corporation or partnership, must sign and submit this form for the schedules of assets and liabilities, any other document that requires a declaration that is not included in the document, and any amendments of those documents. This form must state the individual's position or relationship to the debtor, the identity of the document, and the date. Bankruptcy Rules 1008 and 9011.

WARNING -- Bankruptcy fraud is a serious crime. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Declaration and signature

I am the president, another officer, or an authorized agent of the corporation; a member or an authorized agent of the partnership; or another individual serving as a representative of the debtor in this case.

I have examined the information in the documents checked below and I have a reasonable belief that the information is true and correct:

- ☒ *Schedule A/B: Assets—Real and Personal Property* (Official Form 206A/B)
- ☒ *Schedule D: Creditors Who Have Claims Secured by Property* (Official Form 206D)
- ☒ *Schedule E/F: Creditors Who Have Unsecured Claims* (Official Form 206E/F)
- ☒ *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G)
- ☒ *Schedule H: Codebtors* (Official Form 206H)
- ☒ *Summary of Assets and Liabilities for Non-Individuals* (Official Form 206Sum)
- ☐ Amended Schedule _____
- ☐ *Chapter 11 or Chapter 9 Cases: List of Creditors Who Have the 20 Largest Unsecured Claims and Are Not Insiders* (Official Form 204)
- ☐ Other document that requires a declaration _____

I declare under penalty of perjury that the foregoing is true and correct.

Executed on 12/7/2020
MM/DD/YYYY

x

/s/ Brian Gleason

Signature of individual signing on behalf of debtor

Brian Gleason
Printed name

Chief Restructuring Officer
Position or relationship to debtor